



# Dementia Public Education Phase 2 – Creative Concept Testing Prevention

## Final Report

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## **Dementia Public Education Phase 2 – Creative Concept Testing Prevention Final Report**

Prepared for the Public Health Agency of Canada  
Supplier name: Phoenix Strategic Perspectives Inc.  
February 2023

This public opinion research report presents the results of 11 online focus groups conducted with Canadian adults, aged 25 and older, who have lifestyle habits that may increase their risk of dementia, or who are living with or prone to chronic health conditions. Three sessions were conducted in Ontario and two sessions were conducted in each of the following regions: Atlantic Canada, Quebec (in French), the Prairies and British Columbia. The research was conducted November 7 through 15, 2022.

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## Executive Summary

Phoenix Strategic Perspectives (Phoenix SPI) conduct qualitative public opinion research (POR) on behalf of the Public Health Agency of Canada (PHAC) to test creative concepts focussed on preventing dementia.

### 1. Research purpose and objectives

According to PHAC's most recent surveillance data<sup>1</sup>, almost 452,000 Canadians aged 65 years and older are living with diagnosed dementia, two-thirds of whom are women. While there is no cure for dementia, several studies suggest that applying healthy lifestyle behaviours and modifying certain risk factors can delay or lower the chances of developing dementia. Modifiable dementia risk factors are ones that can be controlled by taking action. Actions include staying active, eating a healthy balanced diet, avoiding smoking, limiting alcohol consumption, protecting oneself from hearing loss and head injury, managing chronic health conditions, such as diabetes and high blood pressure, socializing regularly, and keeping one's brain active.

The purpose of this qualitative research was to assess creative concepts developed to focus on risk factors and promote healthy lifestyle behaviours. The objectives were to: 1) evaluate each of the creative concepts and determine if the content is relevant to each audience, clearly understood, motivating, and creatively appealing to the audience; 2) elicit suggestions for potential changes to ensure the message(s) and ad(s) resonate with the target audience; and 3) elicit insights from audience groups relevant to designing future creative concepts and supporting materials. The results will be used by PHAC to guide messaging and creative development of the dementia advertising campaign.

### 2. Methodology

To meet the objectives, 11 virtual focus groups were conducted with Canadian adults aged 25 and older who have lifestyle habits that may increase their risk of dementia, or who are living with or prone to chronic health conditions. Three sessions were conducted in Ontario and two sessions were conducted in each of the following regions: Atlantic Canada, Quebec (in French), the Prairies and British Columbia. Participants received an honorarium of \$100. The research was conducted November 7 through 15, 2022.

### 3. Highlights

*Dementia is routinely associated with memory loss and the elderly. Genetics/hereditary factors topped the list of perceived risk factors for dementia. Various actions perceived as ways to minimize risk of dementia.*

Participants had no difficulty identifying what comes to mind when they hear the term dementia. The two things identified most often were memory loss and forgetfulness as well as aging and the elderly. Several risk factors for developing dementia were identified by participants, but genetics or hereditary factors were the most frequently identified factor. Other factors included aging, lifestyle (e.g., diet, lack of physical activity, smoking, substance use), environmental factors (e.g., pollution, plastics, ingredients in foods), stress, lack of mental stimulation, medications and medical conditions, viruses and illnesses, and brain injury. Actions participants thought *might* minimize the

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<sup>1</sup> Data from 2016-17.

risk of developing dementia included keeping one's mind active or stimulated (e.g., by doing puzzles/playing word games), engaging in social activities, and incorporating exercise and a healthy diet into one's routine.

*Widespread impression that all three concepts provide clear and credible messaging. Concept B (Stats and graphs) and concept C (Unexpected impact), however, were liked by more participants than concept A (Get to know your risk factors).*

There was widespread agreement that each of the three creative concepts provides a message that is clear and easy to understand as well as credible. Few felt there was missing information in the creative concepts, and many said the creative concepts are personally relevant. Participants most often identified the extent to which high blood pressure and physical inactivity can increase the risk of dementia (60% and 40% respectively) as new or surprising information.<sup>2</sup> Although each of the three concepts effectively communicates information, concept B (Stats and graphs), and concept C (Unexpected impact) were liked by more participants than concept A (Get to know your risk factors).

*Concept B (Stats and graphs) was judged to be the most effective both in terms of capturing attention and motivating participants to want to follow up.*

When participants were asked to compare the three conceptual approaches, concept B emerged as the most effective both in terms of capturing attention and motivating participants to want to follow up to learn more or possibly take some action. Indeed, it was preferred by more than twice as many participants when compared to concept A and concept C.

The most frequently given reason for liking this approach was the way in which it presents or displays data. Expressions used by participants to describe this included 'creative', 'clever', 'attention-grabbing', 'captivating', 'memorable', 'sobering', and 'powerful'. Such reactions were most likely to be made in relation to the physical inactivity version of the approach, with many participants singling-out the pie chart overlaid on the recliner as a clever design element. This was also the main reason why concept B was viewed as most effective. Participants liked its use of graphs and its focus on percentages, with the former often described as highlighting and drawing attention to the latter.

*Reaction to the genetic link line tends to be positive, but the additional information has limited additional motivational power.*

Almost all participants said they noticed the additional 'genetic link' line in the revised storyboard and poster/static ad. Well over half the participants described the additional information on genetics as making the message more effective. While most participants think that the additional information strengthens the message, most also indicated that it has no more motivational power for them personally than the versions without the genetic link.

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<sup>2</sup> Participants were much more likely to identify this as new/surprising information in reaction to the *first* creative concept they were shown. In other words, the likelihood of identifying this as new information had more to do with the order of presentation of concepts than with the concepts themselves.

#### 4. Limitations and use of the findings

The results from the virtual focus groups cannot be quantified or generalized to the full population of Canadians aged 25 and older who are at greater risk of dementia due to lifestyle habits or to chronic health conditions. They do offer a range of detailed opinions about the issues explored through this research. These results must not be used to estimate the numeric proportion or number of individuals in the population who hold a particular opinion because they are not statistically projectable. As such, the results will be used by the Public Health Agency of Canada (PHAC) to guide messaging and creative development of the dementia advertising campaign with the objective to educate Canadians about dementia risk factors, to increase uptake of preventative actions to ultimately reduce dementia in Canada.

#### 5. Contract value

The contract value was \$61,940.17 (including applicable taxes).

#### 6. Statement of political neutrality

I hereby certify as a Senior Officer of Phoenix Strategic Perspectives that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the *Communications Policy* of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not contain any reference to electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leader.



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Alethea Woods  
President  
Phoenix Strategic Perspectives Inc.

## Introduction

### Background

As announced in the 2019 Budget, the Public Health Agency of Canada (PHAC) has received \$50 million over five years, starting in 2019–20, to support key elements of the implementation of Canada’s first national dementia strategy.

According to PHAC’s most recent surveillance data, in 2016-17, almost 452,000 Canadians aged 65 years and older are living with diagnosed dementia, two-thirds of whom are women. This number does not capture those under the age of 65 with a diagnosis of dementia and those who, possibly due to stigma or other barriers, remain undiagnosed.

There is no cure for dementia and some risk factors are non-modifiable. However, several studies suggest that applying healthy lifestyle behaviours and modifying certain risk factors can delay or lower the chances of developing dementia. While age is a risk factor for cognitive decline, dementia is not a natural or inevitable consequence of aging.

Modifiable dementia risk factors are ones that can be controlled by taking action. Actions include staying active, eating a healthy balanced diet, avoiding smoking, limiting alcohol consumption, protecting oneself from hearing loss and head injury, managing chronic health conditions, such as diabetes and high blood pressure, socializing regularly, and keeping one’s brain active.

PHAC began implementing a social marketing strategy in 2020 to support dementia prevention and stigma reduction. The marketing strategy will continue to 2024. Adopting a two-pronged, phased approach, the strategy included an advertising campaign in September of 2021 to first generate awareness and educate Canadians about dementia and stigma. The second phase of the campaign focusses on risk factors and promotes healthy lifestyle behaviours.

### Research Objectives

The main objective of this research was to test creative concepts for the second phase of the dementia advertising campaign to ensure the final advertising creatives are clear, relevant, and appropriate. The materials to be tested included three creative concepts, each of which comprised static storyboards (depicting the narrative of short video advertisements) and supporting digital ads (posters/static ads).

The specific research objectives included the following:

- to evaluate each of the creative concepts and determine if the content is:
  - relevant to each audience
  - clearly understood by the audience
  - motivating to the audience
  - creatively appealing to the audience
- to elicit suggestions/options for potential changes to ensure the message(s) and ad(s) resonate with the target audience; and

- to elicit insights from audience groups relevant to designing future creative concepts and supporting materials.

The target audiences for this research were adults aged 25+, with a focus on the following at risk populations:

1. Adults who engage in a minimum of two of the following unhealthy behaviours: smoking cigarettes, physical inactivity<sup>3</sup>, alcohol consumption that exceeds recommendations<sup>4</sup>, and unhealthy eating habits; and
2. Adults living with, or prone to, chronic health conditions, including Black Canadians who are at higher risk of diabetes and hypertension, key risk factors for dementia<sup>5</sup>.

This research was designed to support government and departmental priorities on dementia by contributing to PHAC's core responsibility of the Health Promotion and Chronic Disease Prevention Branch.

## Methodology

To meet the objectives, 11 virtual focus groups were conducted with Canadian adults aged 25 and older who have lifestyle habits that may increase their risk of dementia, or who are living with or prone to chronic health conditions. Three sessions were conducted in Ontario and two sessions were conducted in each of the following regions: Atlantic Canada, Quebec (in French), the Prairies and British Columbia. Participants received an honorarium of \$100. The research was conducted November 7 through 15, 2022.

## Notes to readers

- The focus group results provide an indication of participants' views about the issues explored, but they cannot be quantified or generalized to the full population of Canadian adults aged 25 and older who have lifestyle habits that may increase their risk of dementia, or who are living with or prone to chronic health conditions.
- The research instruments can be found in the [Appendix](#) along with more information about the technical specifications of research and the marketing campaign materials tested as part of the research.

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<sup>3</sup> Physical inactivity was defined as adults who engage in one hour or less per week of physical activity.

<sup>4</sup> For women, this was defined as more than two standard drinks per day. For men, this was more than three standard drinks per day.

<sup>5</sup> This included people living with existing and/or prone to hypertension, obesity (mid-life), diabetes (later in life), and high cholesterol.



# Detailed Findings

## 1. Views on Dementia

This section presents findings related to participants' knowledge of dementia.

*Dementia is routinely associated with memory loss and the elderly.*

Participants had no difficulty identifying what comes to mind when they hear the term dementia. The two things identified most often included memory loss and forgetfulness and aging and the elderly. The term also often brought to mind a range of other signs or effects of the disease, including disorientation and confusion, difficulty processing information, difficulty completing basic tasks, odd and sometimes aggressive behaviour, loss of autonomy, loss of self, and cognitive decline. A few participants described the condition using descriptors such as 'a progressive disorder', 'something similar to Alzheimer's disease', and 'something that does not necessarily only affect older people'.

*Many think they are at risk of developing dementia.*

Many participants said they think they are at risk of developing dementia. The most frequently given reason for this impression was family history/heredity/genetics. Other reasons identified by a few participants included high blood pressure, the impression that dementia tends to come with age and people are generally living longer, and the impression that dementia seems to be on the rise. Among those who did not think they are at risk of developing dementia, lack of family history was given as the reason. A few participants simply did not know whether or not they are at risk of developing dementia.

*Genetics/hereditary factors top the list of perceived risk factors for dementia.*

Participants collectively identified risk factors for developing dementia. While genetics or hereditary factors were the most frequently identified factor, other factors were identified less frequently, but by at least a few participants in all groups. These included aging, lifestyle (e.g., diet, lack of physical activity, smoking, substance use), environmental factors (e.g., pollution, plastics, ingredients in foods), stress, lack of mental stimulation, isolation, medications, medical conditions (e.g., diabetes, high blood pressure), viruses, illnesses, depression, general trauma and traumatic experiences, and brain injury/trauma (e.g., concussions).

*Various actions perceived as ways to minimize risk of dementia.*

Participants identified a variety of actions that they thought *might* minimize the risk of developing dementia. The following were identified by at least a few participants in all groups: keeping one's mind active or stimulated (e.g., by doing puzzles/playing word games, reading, learning new things/a new language, listening to music), engaging in social activities (i.e., not being isolated), and incorporating exercise and a healthy diet into one's routine (i.e., living a healthy lifestyle). A few participants identified regular medical check-ups as a way to minimize the risk of developing dementia.

## 2. Reaction to the Conceptual Approaches

This section of the report presents participants' impressions of three creative concepts developed for an upcoming campaign on dementia risk factors and prevention. For each concept, participants were shown two storyboards covering two different risk factors (hypertension and physical inactivity), as well as a corresponding poster/static ad. Participants were informed that the storyboards provide a visual representation of how each advertisement will play out, scene by scene, and that once the storyboards are final, they will be made into short videos that will be available online. The storyboards were described to participants by the moderators to ensure a shared understanding of the creative concept. Finally, participants were also informed that the poster/static ads will support the videos.

The creative concepts presented to participants were identified as follows:

- Concept A: *Get to Know your risk factors*
- Concept B: *Stats and graphs*
- Concept C: *Unexpected impact*

The order in which the concepts were presented was rotated across groups, as was the order of the risk factors.

### Overview of findings

There was widespread agreement that each of the three creative concepts provides a message that is clear and easy to understand as well as credible. Few felt there was missing information in the creative concepts, and many participants said the creative concepts are personally relevant to them. Participants most often identified the extent to which high blood pressure and physical inactivity can increase the risk of dementia (60% and 40% respectively) as new or surprising information.<sup>6</sup>

Although each of the three concepts effectively communicates information, concept B (Stats and graphs), and concept C (Unexpected impact) were liked by more participants than concept A (Get to know your risk factors). When participants were explicitly asked to compare the three conceptual approaches, concept B emerged as the most effective both in terms of capturing attention and motivating participants to want to follow up to learn more or possibly take some action. Indeed, it was preferred by more than twice as many participants when compared to concept A and concept C. The main reason why concept B was viewed as most effective was its use of graphs and its focus on percentages, with the former often described as highlighting and drawing attention to the latter.

### Individual concepts

#### Concept A: Get to know your risk factors

*Overall reaction to the concept was more critical than positive.*

Concept A tended to elicit either positive or critical reactions from participants, with few reacting indifferently or neutrally to it. That said, overall reactions were more likely to be critical than

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<sup>6</sup> Participants were much more likely to identify this as new/surprising information in reaction to the *first* creative concept they were shown. In other words, the likelihood of identifying this as new information had more to do with the order of presentation of concepts than with the concepts themselves.

positive, though both positive and critical impressions were most often in reaction to the same thing: the personification of inanimate objects, i.e., the chair and the saltshaker.

*Use of humour was the most disliked aspect of the concept.*

Critical reactions to this concept were most often based on the impression that the overall tone is not appropriate. Specifically, the use of humour through the personification of inanimate objects was routinely described as inappropriate for a serious topic like dementia. Such an approach was characterized by participants as 'not serious', 'silly', 'immature', 'too comical', 'juvenile' and 'childish'. A few participants who described the use of humour as attention-grabbing and clever nonetheless added that the approach is not serious, which led some to question who this concept is designed to appeal to.

Some participants reacted critically to the tone or undertone in the personification of the saltshaker and the chair. Specifically, the vilification of these inanimate objects by depicting them as menacing/mean-spirited characters with villainous/sarcastic voices, tempting people to do something bad or unhealthy was perceived by some as excessive. In this case the issue was not that the tone is inappropriate, but that it is disturbing. Two reasons were given to explain why: one was that it adds a sinister note or tone to the messaging; the other was that it adds a negative note or tone by playing on feelings of guilt or culpability associated with attempts to resist temptation (i.e., the feeling of not wanting to give-in or fail).

Other things criticized in this concept were identified by no more than a few participants and included the following:

- Lack of clarity in messaging (see details below).
- The personification of inanimate objects on the grounds that this approach has become too conventional/over-used.
- The approach is a bit extreme in the sense that it 'demonizes' salt and chairs as a way of promoting a healthy lifestyle (i.e., it uses a negative approach to try to deliver a positive message).
- Lack of a clear/direct connection to dementia in the poster/static ad (i.e., there is no direct link made between salt and high blood pressure and the chair and physical inactivity). In other words, viewers are left to make the connection themselves.

*Some participants liked the use of humour.*

Participants who reacted positively to this approach most often focussed on the use of humour and the personification of inanimate objects, describing this approach as clever and/or original, as making the ad and the message more attention-grabbing and memorable. Other things participants liked about this approach included the following:

- The narrative or story-like nature of the approach.
- The focus on common things in any household, i.e., couch and saltshaker, which makes the messaging easy to relate to.
- Provision of new information (see details below).
- Clear messaging.

- The approach is easy to relate to/meaningful, i.e., being tempted and resisting temptation.

*Several messages communicated by the concept.*

Participants identified a variety of messages communicated by the concept. Some were variations on the same or a similar theme, and even when this was not the case, none of the messages identified was at odds with any other. Participants did not detect contradictory messaging in the concept. Perceived messages communicated by this concept included the following:

- Change your lifestyle.
- Lifestyle matters.
- Do not get into bad habits/try to avoid bad habits.
- Do not be seduced by temptation.
- Take control of your life.
- Learn more about dementia.

Some participants described the message in this concept as not entirely clear to them, something most often attributed to the personification of the saltshaker and chair. Specifically, it was noted that this approach interferes with the clarity of the message for the following reasons:

- One's attention is focussed on the 'cartoonish' characters which distracts from being attentive to messaging.
- The approach seems to link dementia and hallucinations (i.e., is the person imagining that the saltshaker and chair come to life?).
- The use of humour and/or sarcasm detract from the positive message about leading a healthier lifestyle.

A few other participants were unclear about the relationship between salt, high blood pressure, and dementia. Specifically, it was not intuitively or immediately clear to them whether it is salt or high blood pressure that contributes to dementia. In the case of the poster/static ad, it was noted that there is lack of clarity in the message to the extent that there is no direct link made between salt and high blood pressure and the chair and physical inactivity. People are left to make that connection themselves.

*New information was provided in the concept.*

Participants most often identified the extent to which high blood pressure and physical inactivity can increase the risk of dementia (60% and 40% respectively) as new or surprising information to them. Some also said they did not know that high blood pressure and/or physical inactivity per se can increase the risk of dementia (though they knew they were risks to health in general), and a few said they did not know that factors other than genes/genetics can affect the likelihood of contracting dementia.<sup>7</sup>

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<sup>7</sup> It is important to note that participants were much more likely to identify each of these things as new/surprising information in reaction to the *first* creative concept they were shown. In other words, the likelihood of identifying these things as new information had more to do with the order of presentation of concepts than with the concepts themselves.

*Many motivated by the concept to take some action.*

Many participants said they were motivated by this concept to do something, though they were more likely to refer to the hypertension version than the physical inactivity version when explaining what would motivate them. This included cooking more meals at home to avoid sodium in prepared foods<sup>8</sup>, reducing salt intake in general, looking for salt substitutes, and exploring risk factors in general. Aspects of the materials that motivated participants included the following:

- The personification of inanimate objects because it is memorable and keeps the topic/issue top-of-mind.
- The final slide in the storyboards ('Get to know dementia risk factors ...') because it encourages people to follow-up and take action.
- The link between high blood pressure and dementia because it is new information.
- The increased risk of dementia posed by physical inactivity and high blood pressure, because it is new information and because the figures/statistics are surprising.
- The phrase 'I am a dementia risk factor' in the poster/static ad because it is attention-grabbing.

Concept B: Stats and graphs

*Overall positive reaction to the concept.*

Overall reaction to this concept was positive, with a majority of participants in all but one group saying that they liked it. Participants who did not react positively to this approach were more likely to be indifferent or neutral about it than critical.

*Display of data is the main reason for participants' positive reaction to the concept.*

The most frequently given reason for liking this approach was the way in which it presents or displays information/data. Expressions used by participants to describe this included 'creative', 'clever', 'neat/clean', 'attention-grabbing', 'captivating', 'memorable', 'sobering', and 'powerful'. Such reactions were most likely to be made in relation to the physical inactivity version of the approach, with many participants singling-out the pie chart overlaid on the recliner as a clever design element. Other reasons for liking this approach included the following:

- The reference to common or daily activities to deliver the message, which makes it easy to relate to.
- The perception that the message is clear, simple, and to the point, with a focus on facts.
- The provision of new information (see details below).
- The use of large, bold font to present the percentages/data in the banner ads.
- The focus on what to avoid/what not to do, described as attention-grabbing.

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<sup>8</sup> In relation to the hypertension versions of each of the three concepts, it was occasionally observed that table salt is not the only or even the most important source of sodium in people's diets.

*The perception that the approach is negative is the main reason for disliking the concept.*

Participants who reacted critically to this concept most often focussed on what they described as its negative approach to explain why. This included two aspects or features of the approach.

- A number of participants reacted critically to what they described as the concept's negative as opposed to positive approach, i.e., its focus on what *not* to do instead of what to do to minimize the risk of dementia.<sup>9</sup> Some described this as 'using scare tactics'/fear-based messaging to motivate action. Related to this, it was noted that the concept relies on statistics, with nothing else to engage the attention or interest of individuals (e.g., there is no call to action, no examples, or suggestions on how to reduce salt intake or become more physically active). In short, the concept leaves people to their own devices after delivering a negative message.
- Some participants reacted critically to what they perceived as the negative connotation associated with common and daily activities, i.e., family meals and rest/relaxation. This was particularly the case regarding the perceived association of rest/relaxation with inactivity, with some participants saying that people deserve to relax after a long day. With that in mind it was observed that the character sitting in the recliner should appear more slothful/lazy, when/if the concept is developed as a live action advertisement.

One very specific feature of this approach commented on critically by some participants is its use of the expression 'hypertension' instead of high blood pressure. Participants who were indifferent or neutral to this concept felt that there is nothing particularly attention-grabbing or memorable in it, describing it as banal and informative but not memorable.

*Several messages communicated by the concept.*

Messages communicated by the concept identified by participants tended to be variations on the same or a similar theme, which included the following:

- Avoid bad habits.
- Take control over dementia risk factors.
- Change behaviours/aspects of your lifestyle that increase the risk of dementia.
- Look for ways to reduce the risks associated with dementia.
- Lifestyle is important when it comes to health.
- Diet can affect everyone in your family (associated specifically by hypertension version).

Some participants described the message in this concept as not entirely clear because the expression 'hypertension' is not familiar to them. This resulted in confusion about the message (i.e., what is it about/what is being referred to?). A few participants were unclear about the relationship between salt, high blood pressure, and dementia in the hypertension version of the ad and poster/static ad because no explicit link is made to salt. People are left to infer that connection through the image of the saltshaker.

*New information provided in the concept.*

As was the case with concept A, participants most often identified the extent to which high blood pressure and physical inactivity can increase the risk of dementia (60% and 40% respectively) as new or surprising information. Some also said they did not know that high blood pressure and

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<sup>9</sup> As noted above, this was also identified as a positive aspect of the concept.

physical inactivity can increase the risk of dementia, and a few said they did not know that factors other than genetics/family history can affect the likelihood of contracting dementia.<sup>10</sup>

*Many would be motivated by the concept to take some action.*

Many participants said this concept would motivate them to do something. This included doing research/looking into dementia risk factors, eating more healthily, talking with family members about a healthier diet, trying to be more active, and going to the [Canada.ca/dementia](http://Canada.ca/dementia) website. Aspects of the materials that motivated participants included the following:

- The prominence given to the figures regarding the increased risk of dementia posed by physical inactivity and high blood pressure through the use of a graph and pie chart, particularly in the poster/static ad.
- The attention/focus on risks associated with common daily activities.
- Concern over family health, linked to the hypertension version of the ad.
- The ‘zoom-in’ on the saltshaker in the hypertension version of the ad.
- The link between high blood pressure and dementia because it is new information.
- The increased risk of dementia posed by physical inactivity and high blood pressure, because it is new and startling information.

#### Concept C: Unexpected impact

*Overall positive reaction to the concept.*

As was the case with concept B, overall reaction to this approach tended to be positive, with most participants saying they liked the concept. Those who were not positive, roughly a third of participants, were more likely to be indifferent than critical.

*Variety of reasons inform participants’ positive reaction to the concept.*

Participants collectively identified a variety of things they liked about this concept, though positive feedback was more often devoted to the hypertension version of the ad. Things participants liked about this approach included the following:

- Its overall positive tone (i.e., its depiction of happy people and its focus on good habits and a healthy lifestyle).
- Its focus on solutions/ways of reducing the risk of dementia, including practical or achievable ways of doing so (i.e., cooking and exercising), as well as the emphasis in the voiceover on learning how to help lower the risks of dementia.
- Clear, concise, to-the-point messaging.
- The family/intergenerational dimension, specifically the depiction of mother and daughter in what was perceived as learning/knowledge being passed from one generation to another.
- The emphasis on diversity/depiction of different age groups (i.e., the mother and daughter in the hypertension version of the ad, and older people in the physical inactivity version of the ad and poster/static ad).

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<sup>10</sup> Please see footnote 2.

- The depiction of action/activity, i.e., people are depicted as doing something/active.

*The main reason for indifferent/neutral reaction to concept was its perceived generic approach.*

Participants who reacted indifferently or neutrally to this approach observed that the general approach strikes them as generic/very common, and as a result it is not attention-grabbing (i.e., there is nothing specific to dementia about the approach). With that in mind, some participants said that, at first glance, the storyboards and poster/static ads seemed to promote cooking classes and swimming lessons (i.e., they did not immediately realize the subject was dementia). As a result, the approach itself is not attention-grabbing.

*Critical feedback was linked mainly to the lack of clarity in the messaging.*

Critical feedback to this approach tended to be limited and focussed mainly on lack of clarity in the messaging. Specifically:

- Some participants found the messaging to be too subtle/not straightforward enough in the phrase *Turns out, reducing the risk of dementia can look a lot like ...*, and in the reference to *spicing things up* in the hypertension version of the concept. Regarding the latter, it was suggested that ‘spice things up’ does not clearly convey the idea of replacing salt with something less dangerous.
- Some participants identified what they perceived as mixed messaging in this approach in general. On the one hand, the individuals depicted in this approach are engaged in positive/healthy activities, and the voiceovers in the storyboards and the text at the top of the poster/static ads also focus positively on ways of reducing dementia. On the other hand, the final slide in the storyboards and the text at the bottom of the poster/static ads focus on negative messaging. In the case of the physical inactivity version of the concept, the message regarding inactivity juxtaposed with the depiction of physical activity caused some confusion.

In addition to these criticisms regarding the clarity of the message, the following critical feedback was also provided regarding this concept:

- As was the case with concept B, one feature of this approach commented on critically by some participants is its use of the expression ‘hypertension’ instead of high blood pressure.
- The poster/static ads were described by some participants as ‘busy’ and filled with too much information, which made them lose interest in the message of the ad.
- A few participants found depiction of lane swimming in the physical inactivity version unrelatable (and potentially elitist) and not inclusive (e.g., it favours able-bodied people and people with the financial means to participate in swimming).

*Several messages communicated by the concept.*

As noted above, there was some critical feedback in relation to the clarity of messaging in this concept. That being said, most participants had no difficulty identifying messaging conveyed by this concept. These included the following:

- Live healthily.
- Exercise and use less salt.
- Control the risks linked to dementia.
- There are things you can do to reduce the risk of dementia.



- You can start living healthily at any age.
- It's never too late to start.

*New information provided in the concept.*

As was the case with concepts A and B, participants most often identified the extent to which high blood pressure and physical inactivity can increase the risk of dementia (60% and 40% respectively) as new or surprising information to them. Some also said they did not know that high blood pressure and physical inactivity per se can increase the risk of dementia, and a few said they did not know that factors other than genetics/family history can affect the likelihood of contracting dementia.<sup>11</sup>

*Many would be motivated by the concept to take some action.*

As was the case in relation to concepts A and B, many participants said this concept would motivate them to do something. This included exploring dementia risk factors in general, exercising more/taking up a sport, reducing salt intake/high sodium foods, starting a family conversation about incorporating healthy habits into their lives, and speaking to one's physician/GP. Aspects of the materials that motivated participants included the following:

- The focus on achievable/practical ways of reducing the risks of dementia.
- The depiction of someone swimming/exercising.
- The specific reference to ditching salt and using other spices.
- The family focus in the hypertension version, specifically the depiction of the mother and daughter.
- The voiceover 'Learn about the risk factors for dementia and how you can help lower them'.
- The link between high blood pressure and dementia because it is new information.
- The increased risk of dementia posed by physical inactivity and high blood pressure, because it is new and startling information.

## Poster/static ads

*Many felt that they would notice the poster/static ads associated with each concept.*

Participants were asked specifically if they would notice the poster/static ads associated with each concept. In response, many participants across all groups said that they would notice each of the poster/static ads. That being said, participants were more likely to say that they would notice the poster/static ads associated with concepts A and B. The most frequently given explanation for not noticing any of these poster/static ads was that participants rarely, if ever, notice or pay attention to banner ads.<sup>12</sup> Specific reasons for noticing (or not noticing) these ads are identified below for each concept.

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<sup>11</sup> Please see footnote 2.

<sup>12</sup> Upon being informed that these ads were designed for social media placement, some participants said that they would also like to see them in public transportation areas such as subways and bus stops.

### Concept A: Get to know your risk factors

Reasons given to explain the likelihood of noticing the poster/static ad for concept A included the following:

- The personification of inanimate objects.
- The cartoon-like characters.
- The eyes on the personified saltshaker and chair.
- The pink/border framing around the ad and the association of the color pink with health issues.
- The combination/combined effect of fonts and colors.
- The speech bubble and text, i.e. 'I'm a dementia risk factor'.
- The highlighted text in pink.

In addition to not noticing banner ads in general, participants who did not think they would notice this poster/static ad pointed to the following to explain why:

- There is nothing particularly attention-grabbing or 'catchy' in the ad.
- The personification of inanimate objects is a common/overused approach.
- The meaning/message of the ad is not immediately evident (i.e., it requires some mental effort to put things together).
- There is no relevant/meaningful context to the ad (e.g., blurred background in the case of the hypertension version, bare brownish wall in the case of the physical inactivity version).

### Concept B: Stats and graphs

Reasons given to explain the likelihood of noticing the poster/static ad for concept B included the following:

- The simple, direct, clear message.
- The prominence given to risk factors, i.e., highlighted percentages as well as highlighting of the words 'high blood pressure/physical inactivity' and 'dementia' in pink (and the association of the color pink with health-related issues).
- The prominence given to recognizable/common objects in the household (i.e., saltshaker and chair featured clearly and distinctly).
- The creative use of the graph and pie chart.
- The use of negative messaging/fear factor (X can increase the risk of dementia by ...).
- The color scheme in general.

In addition to not noticing banner ads in general, participants who did not think they would notice this poster/static ad pointed to the following to explain why:

- The prominence given to the saltshaker and couch makes it seem like an ad for kitchen supplies and furniture.

- Absence of any meaningful context/background to the ad (e.g., no one using salt in the hypertension version, no one sitting in chair in the physical inactivity version).
- Absence of any personally relevance or meaningfulness to catch attention/draw-in.

#### Concept C: Unexpected impact

Reasons given to explain the likelihood of noticing the poster/static ad for concept C included the following:

- Prominence of text referring to ‘Reducing the risk of dementia ...’.
- Depiction of recognizable/common activities or meaningful context/background (i.e., cooking, exercising).
- Inclusion/depiction of people who are smiling.
- Personal relevance/relatable (e.g., cooking with one’s child).
- Prominence given to percentages.
- Overall colour scheme/combination of colours.
- Prominence of Government of Canada logo (i.e., black on white background).

In addition to not noticing banner ads in general, participants who did not think they would notice this poster/static ad pointed to the following to explain why:

- The impression that the ad is too busy and contains too much text.
- The perceived generic/stock approach which could apply to anything (e.g., ads could be for swimming lessons and cooking classes).

### **3. Comparison of Concepts**

This section reports on issues explored in relation to all three concepts, including perceptions regarding which concept was most effective in terms of capturing participants’ attention and making them want to follow-up to learn more or possibly take some action.

#### *Widespread impression that all three concepts provide credible messaging.*

There was widespread agreement that each of the three creative concepts provides a message that is credible (i.e., they believe/trust the information conveyed). A few participants suggested that the overall approach taken in concept A adversely affects the credibility of the message in the sense that the use of humour detracts from the seriousness of the message. To be clear, the issue for these participants was not the credibility of the message itself but the appropriateness of the approach.

Beyond this, the only point made regarding the credibility of messaging concerned the source of the data that high blood pressure can increase the risk of dementia by 60% and physical inactivity can increase it by 40%. While no one suggested that the absence of reference to this source reduced the credibility of the message, a few participants suggested that adding the source would strengthen its credibility.

*Few felt there is missing information in the concepts.*

Few participants felt there was missing information in the creative concepts, but information that was identified as missing or that participants would like to know<sup>13</sup> included the following:

- The source of the data that found high blood pressure can increase the risk of dementia by 60% and physical inactivity can increase it by 40%.
- A more forceful call-to-action.
- Sources of sodium/high sodium beyond table salt.
- How much sodium and how much exercise are recommended for a healthy lifestyle.
- The proportion of people likely to develop dementia, e.g., X people out of X will develop dementia.
- Whether dementia is on the rise in the general population.
- Key risk factors other than salt and physical inactivity.

Because of its explicit reference to replacing salt and to exercise, many participants suggested that concept C include recommendations about spices that can replace salt and about how much exercise per day is required to reduce the risk of dementia (e.g., “Did you know that exercising for X minutes a day could reduce your risk of dementia by X percent”).

*Many described information in the concepts as relevant to them.*

Many participants said the information in the creative concepts is personally relevant to them. A variety of reasons were provided to explain why. They included the following:

- Fear of dementia/wanting to reduce the risk of developing dementia.
- Believing oneself to be at risk of developing dementia (e.g., due to family history, aging).
- Seeing first-hand the consequences of dementia on people with it and those caring for them.
- Concern over high blood pressure/having high blood pressure.
- An impression that dementia is on the rise in the general population.
- The desire to live a healthy/healthier life in general.
- New information (e.g., not previously knowing that high blood pressure can contribute to dementia and/or the extent to which salt and physical inactivity can increase the risk of dementia).
- Interest in preventative health measures in general.
- The perception that ways of decreasing risk of dementia are practical/achievable.

Participants who indicated that the information in the concepts is not personally relevant most often explained that they are already living a healthy lifestyle (or trying to), including physical activity and a healthy diet. Some also said that they do not think they are at risk of developing

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<sup>13</sup> It should be emphasized that participants took the opportunity in responding to this question to identify additional information they would like, regardless of whether or not it is information ‘missing’ from the concepts per se.

dementia because there is no history of it in their family, and a few said that they are still young and therefore not really concerned about this.

*Concept B was considered the most effective overall.*

When participants were asked to compare the three conceptual approaches, concept B emerged as the most effective both in terms of capturing attention and motivating participants to want to follow up.<sup>14</sup> It was preferred by more than twice as many participants when it was compared to concept A and concept C. The main reason why concept B was viewed as the most effective both in terms of capturing attention and motivating participants to want to follow up, was its use of graph/pie chart and focus on percentages, with the former often described as highlighting the latter. This approach was described by some participants as the ‘in your face’ manner of presenting the information.

Other reasons explaining its greater effectiveness in capturing attention and motivating participants to follow-up included the reference to common or daily activities to deliver the message (making it easy to relate to), and its ‘negative’ or ‘fear-based’ approach (i.e., the focus on what to avoid/what not to do). Additional reasons as to why it was the most effective in capturing attention included the clear, simple, to-the-point nature of the message and use of large, bold font to present the percentages/data in the banner ads.

Participants who identified concept B as the *least* effective of the three in their opinion usually provided one or both of the following reasons to explain why. One reason was its reliance on statistics, with nothing else to engage the attention or interest of individuals (e.g., no call to action, no examples/suggestions about how to reduce salt intake or become more physically active). The other reason was the negative spin it puts on daily activities, i.e., family meals and rest/relaxation, particularly the association of rest/relaxation with inactivity. A few participants also described this concept as least likely to motivate them to follow-up because there is nothing memorable about it, even though it is informative.

*Concept A*

Participants who identified concept A as the most effective of the three in terms of capturing attention and motivating them to want to follow up most often pointed to the overall approach (i.e., use of humour and the personification of inanimate objects) to explain why. Some specified that the reason the approach is most effective in motivating them to want to follow-up is because it is memorable, and therefore more likely to keep the issue top-of-mind or remind them to follow-up. Other reasons for considering concept A the most effective in terms of capturing attention included its story-like nature and clear messaging.

Participants who identified this concept as the *least* effective of the three in their opinion usually provided one or both of the following reasons to explain why. One was the use of humour, which was considered inappropriate for a serious topic like dementia, and the other was the perceived negative/sinister tone detected in the personification of the saltshaker and the chair, described as disturbing. Some participants specified that the overall approach in this concept made it the most effective in getting their attention because it is unconventional, but not effective in terms of

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<sup>14</sup> In advance of comparing concepts, participants were shown the three approaches again, in the reverse order in which they were initially presented to them.

motivating them to follow-up because it is inappropriate for a topic like dementia. In addition, some participants described this approach as the least effective because of lack of clarity in messaging, while a few described it as ineffective because the personification of inanimate objects approach is too common/overused.

### *Concept C*

Participants who identified concept C as the most effective of the three in terms of capturing their attention and motivating them to want to follow up most often pointed to its overall positive/optimistic tone (e.g., its depiction of happy people, its focus on good habits and ways of reducing the risk of dementia). Other reasons included clear, concise, to-the-point messaging, the family/intergenerational dimension depicted in the hypertension version, and the depiction of people from different age groups (suggesting to some the message that it is never too late or too early to start thinking about dementia).

Participants who identified this concept as the *least* effective of the three in their opinion most often explained that the approach is rather generic/common, and that there is nothing specific to dementia about the approach (e.g., the approach could just as easily advertise cooking classes and swimming lessons). Some participants also linked its lack of effectiveness to a perceived lack of clarity/straightforwardness in the messaging, linked specifically to the phrasing *Turns out, reducing the risk of dementia can look a lot like ....*

## 4. Genetic Link

By way of conclusion, participants were shown an alternate version of a storyboard and poster/static ad on which an additional line of information was added. The line in question was *Genetics is not the only risk factor for dementia*. For this exercise, the line was only applied to the stats and graph concept.

### *Reaction to the genetic link line tends to be positive.*

Almost all participants said they noticed the additional ‘genetic link’ line in the revised storyboard and poster/static ad. When asked if this was new information to them, most said that it was not new to them though some said that it was. However, despite the fact that this was not new information to most, well over half the participants described the additional information on genetics as making the message more effective. Reasons given to explain why the message is strengthened by this additional information included the following:

- It is pertinent/relevant information.
- It provides emphasis to/reinforces the idea that lifestyle matters when it comes to reducing the risk of dementia.
- It is a reminder that anyone can potentially be at risk of dementia, while at the same time suggesting that there are ways of reducing the risk.
- It could be new information to many people.
- It is a good slogan/teaser, that could remind/motivate people to follow up to learn more about dementia factors.

Those participants who did not think that the additional information strengthened the message suggested that this was likely common knowledge and that its addition makes the creative materials busier without the benefit of new information, and perhaps even de-emphasises the key factors identified in the messaging: high blood pressure and physical inactivity.

*The additional information has limited additional motivational power.*

While most participants think that the additional information strengthens the message, most also indicated that it has no more motivational power for them personally than the previous versions. Some said that this version does have more motivational power than the versions without the additional information, and no one indicated that it has less motivational power than the previous versions.

# Appendix

## Materials Tested

### Concept A:

He sees a salt shaker on a shelf. On a shelf for the shaker, we see a salt shaker.

The salt comes to life and starts speaking to him.

**SALT SHAKER** (Mischievous voice): That definitely needs more salt.

He looks over his shoulder at the salt shaker.

**SALT SHAKER** (Whisper, whisper!)

The man reaches for a pepper mill beside the salt shaker.

The salt shaker is the first piece of the puzzle.

**VO:** High blood pressure, caused in part by too much salt.

**VO:** can also increase the risk of dementia by 60%.

Get to know dementia risk factors at [Canada.ca/dementia](http://Canada.ca/dementia)

**Canada**

**VO:** A message from the Government of Canada. © Creative Inc.

She sees a chair in the room. In a room, we see a chair.

The chair comes to life and starts speaking to her.

**CHAIR** (Sarcastic voice): Well doesn't that look like a beautiful day... not.

The woman glances over at the chair. It says.

**CHAIR** (Hesit): you can work out tomorrow.

The woman reaches for her chair that just looks like that.

The chair stays in the room, waiting for her.

**VO:** Not being physically active can increase the risk of dementia.

**VO:** by 40%.

Get to know dementia risk factors at [Canada.ca/dementia](http://Canada.ca/dementia)

**Canada**

**VO:** A message from the Government of Canada. © Creative Inc.

I'm a dementia risk factor.

**High blood pressure can increase the risk by 60%.**

Get to know dementia risk factors at [Canada.ca/dementia](http://Canada.ca/dementia)

**Canada**

I'm a dementia risk factor.

**Physical inactivity can increase the risk by 40%.**

Get to know dementia risk factors at [Canada.ca/dementia](http://Canada.ca/dementia)

**Canada**



Concept B:



We see a family sitting around a dining table. There's a glass of water in the middle of the table.



The camera slowly zooms in on the glass of water until it fills the frame. We can still see the activity of the family eating behind the glass.



A transparent back overlay appears, with the water on top of it.

VO: Hypertension can increase the risk of dementia



The number fades and we see a graph superimposed over the left side.

VO: by 60%.



© Canada 2019



We open on a living room. A man is sitting in a rocker on the phone, with the TV on in the background.



The man reclines in the chair.



A transparent back overlay appears, with the water on top of it.

VO: Physical inactivity can increase the risk of dementia



The number fades and we see a pie chart superimposed over the right side.

VO: by 40%.



© Canada 2019



Concept B (genetics variation):



We see a family sitting around a dining table. There's a salt shaker in the middle of the table.



The camera slowly zooms in on the salt shaker and it fills the frame. We can still see the activity of the family eating behind the wall.



Hypertension can increase the risk of dementia

A transparent flask slowly appears, with the sugar on top of it.

VO: Genetics is not the only risk factor for dementia.

VO: Hypertension can increase the risk of dementia



Hypertension can increase the risk of dementia by 60%.

The nearby camera and we see a graph superimposed over the salt shaker.

VO: by 60%.



Learn about other risk factors at [Canada.ca/dementia](https://Canada.ca/dementia)



© Canada 2019



We open on a living room. A man is sitting in a recliner on their phone, with the TV on in the background.



The man settles in the chair.



Physical inactivity can increase the risk of dementia

A transparent flask slowly appears, with the sugar on top of it.

VO: Genetics is not the only risk factor for dementia.

VO: Physical inactivity can increase the risk of dementia



Physical inactivity can increase the risk of dementia by 40%.

The nearby camera and we see a pie chart superimposed over the recliner chair.

VO: by 40%.



Learn about other risk factors at [Canada.ca/dementia](https://Canada.ca/dementia)



© Canada 2019



Concept C:



We see a mother and daughter looking in the kitchen. The daughter watches as the mom adds a pot of stew on the stove.

VO: Turns out, reducing the risk of dementia



As the woman continues stirring, the camera zooms in next to the stove top where the salt is. The woman reaches over the salt to grab another shaker.

VO: can look a lot like ditching salt to spice things up.



The woman adds the salt to the pot.

Hypertension can increase the risk of dementia by 60%.

VO: Learn about the risk factors for dementia and how you can help lower them.



© Canada 2019



We see a man swimming laps in a pool.



We cut in closer to see the man as he continues to swim.

VO: Turns out, reducing the risk of dementia



We change angles and see the man as he continues to swim.

VO: can look a lot like swimming laps at the pool.

Physical inactivity can increase the risk of dementia by 40%.

VO: Learn about the risk factors for dementia and how you can help lower them.



© Canada 2019

**Reducing the risk of dementia looks like breaking a sweat.**

Physical inactivity can increase the risk of dementia by **40%**

Learn more about dementia risk factors. [Canada.ca/dementia](http://Canada.ca/dementia)

**Reducing the risk of dementia looks like spicing things up.**

Too much salt can lead to hypertension, increasing the risk of dementia by **60%**

Learn more about dementia risk factors. [Canada.ca/dementia](http://Canada.ca/dementia)

## Technical specifications

A set of 11 virtual focus groups was conducted with Canadian adults aged 25 and older who have lifestyle habits that may increase their risk of dementia, or who are living with or prone to chronic health conditions. Three sessions were conducted in Ontario and two sessions were conducted in each of the following regions: Atlantic Canada, Quebec (in French), the Prairies and British Columbia.

Recruitment adhered to the Government of Canada's *Standards for the Conduct of Government of Canada Public Opinion Research – Qualitative Research*. Participants outside of the three Territories were recruited by telephone through CRC Research's opt-in database of 450,000 adults aged 18+ (CRC Research was responsible for recruitment as a subcontractor). The identity of the client was revealed (i.e., the Government of Canada) during the recruitment interview.

When recruiting, individuals were offered the option to conduct the recruitment interview in English or French. All individuals recruited were fluent in the language in which the focus group was conducted. For the groups held with those residing in Quebec, the primary language of all recruited individuals was French and elsewhere it was English.

During the recruitment interview, potential participants were informed of their rights under the *Privacy Act*, *Personal Information Protection and Electronic Documents Act* and *Access to Information Act*. This included informing participants of the purpose of the research; that participation is completely voluntary; and that all information collected would be used for research purposes only. Verbal consent was also obtained from each participant prior to recording the virtual session.

These groups lasted 90 minutes and a total of 76 individuals participated in this research. All groups included a mix of participants by age (within the recruitment parameters), gender, education, ethnicity, income, and ethnic/cultural background. The fieldwork took place between November 7 and 15, 2022. All participants were paid an honorarium of \$100 to thank them for taking part in the research.

## Research instruments

### 1. Recruitment Screener

#### Questionnaire

##### A. Eligibility

###### INTRODUCTION:

Hello/Bonjour, my name is [INSERT]. I'm calling from Phoenix Strategic Perspectives, a Canadian public opinion research firm. Would you prefer to continue in English or French? / Préférez-vous continuer en français ou en anglais?

[RECRUITER NOTE: FOR ENGLISH GROUPS, IF THE INDIVIDUAL WOULD PREFER TO CONTINUE IN FRENCH, PLEASE CONTINUE IN FRENCH AND RECRUIT FOR THE FRENCH GROUPS IN QUEBEC. FOR THE FRENCH GROUPS, IF THE INDIVIDUAL WOULD PREFER TO CONTINUE IN ENGLISH, PLEASE CONTINUE IN ENGLISH AND RECRUIT FOR AN OPEN ENGLISH GROUP [BUT, FOR GROUPS OUTSIDE OF ONTARIO/THE EASTERN TIME ZONE, FIRST CONFIRM THAT THE SESSION TIME IS ACCEPTABLE].

We're organizing a series of online discussion groups on behalf of the Government of Canada to explore issues of relevance to Canadians. Is there anyone in your household who is 25 years of age or older? If so, may I speak with this individual?

01. No [THANK AND DISCONTINUE]
02. Yes
  - a. Same person CONTINUE WITH "INFORMATION"
  - b. Someone else 1. ASK TO SPEAK TO INDIVIDUAL
    - i. REPEAT "INTRODUCTION"
    - ii. GO TO "INFORMATION"
  - c. Not available SCHEDULE CALL-BACK

###### INFORMATION:

The objective of these focus groups is to get feedback from Canadians on advertising developed by the Government of Canada. Participation is completely voluntary and your decision to participate or not will not affect any dealings you may have with the Government of Canada. We are interested in hearing your opinions; no attempt will be made to sell you anything or change your point of view. The information collected will be used for research purposes only and handled according to the Privacy Act of Canada.\* The format is an online discussion with up to 8 participants led by a research professional from Phoenix Strategic Perspectives. All opinions will remain anonymous, and views will be grouped together to ensure that no particular individual can be identified. Those who participate will receive an honorarium to thank them for their time.

May I continue?

01. Yes [CONTINUE]
02. No\*\* [THANK AND DISCONTINUE]

NOTES TO RECRUITERS:

- A. \*IF ASKED: The personal information you provide is governed in accordance with the Privacy Act and will not be linked with your name on any document including the consent form. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly. The final report written by Phoenix SPI will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>.)
- B. \*\*IF A POTENTIAL PARTICIPANT INDICATES THAT PARTICIPATING ONLINE IS NOT POSSIBLE FOR THEM (E.G., DUE TO LACK OF COMFORT, NO INTERNET ACCESS, NO COMPUTER, ETC.), SAY: Thank you for letting us know. You yourself do not need to have a computer and internet connection to participate. If you have a friend or family who could provide you with access to a computer, a high-speed Internet connection, and a Webcam for the online session, you would be able to participate. Would this be possible?
- C. IF ANYONE QUESTIONS THE VALIDITY OF THE RESEARCH, INVITE THEM TO GO ONLINE TO CRIC RESEARCH VERIFICATION SERVICE AND ENTER PROJECT NUMBER: 20221014-PH644.

EN: <https://www.canadianresearchinsightscouncil.ca/rvs/home/>

FR: <https://www.canadianresearchinsightscouncil.ca/rvs/home/?lang=fr>

The focus group will take place online on the (INSERT DATE/TIME) and will last up to **an hour and a half (1.5 hours)**.

- 1. Would you be interested in taking part in this study?
  - 01. Yes [CONTINUE]
  - 02. No [THANK AND DISCONTINUE]
- 2. Before we invite you to attend, I need to ask you a few questions to ensure that we get a good mix of participants. This will take 5 minutes. May I continue?
  - 01. Yes [CONTINUE]
  - 02. No [THANK AND DISCONTINUE]
- 3. We have been asked to speak to participants from all different ages. May I have your age please? [DO NOT READ ITEMS; RECRUIT A MIX]
  - 01. Under 25 years [THANK AND TERMINATE]
  - 02. 25 to 34 years [CONTINUE]
  - 03. 35 to 44 years [CONTINUE]
  - 04. 45 to 54 years [CONTINUE]
  - 05. 55 to 64 years [CONTINUE]
  - 06. 65 to 74 years [CONTINUE]
  - 07. 75+ years [THANK AND TERMINATE]
  - 08. Prefer not to answer [THANK AND TERMINATE]

**WHEN TERMINATING A CALL WITH SOMEONE, SAY: Thank you for your cooperation. We already have enough participants who have a similar profile to yours, so we are unable to invite you to participate.**

4. How do you identify your gender? This refers to current gender which may be different from sex recorded at birth and may be different from what is indicated on legal documents. [WATCH QUOTAS]
  01. Female
  02. Male
  03. Nonbinary
  04. Prefer not to answer [THANK AND TERMINATE]
  
5. Do you or anyone in your immediate family or household work or have ever worked...? [READ LIST]
  - a. In marketing research, public relations, or advertising
  - b. In the media (i.e., radio, television, newspapers, magazines, etc.)
  - c. For a federal or provincial government department or agency
  - d. For an organization involved in caring for or advocating for people living with dementia
  - e. In healthcare
  01. Yes [THANK AND TERMINATE]
  02. No [CONTINUE]
  03. Prefer not to answer [THANK AND TERMINATE]
  
6. Are you currently living with or are you prone to the following health conditions due to risk factors such as genetics or lifestyle? [READ LIST; ACCEPT ALL THAT APPLY]
  01. Hypertension [AUDIENCE 2; SKIP TO Q11]
  02. [IF 45+] Obesity [AUDIENCE 2; SKIP TO Q11]
  03. [IF 45+] Diabetes [AUDIENCE 2; SKIP TO Q11]
  04. High cholesterol [AUDIENCE 2; SKIP TO Q11]
  05. None if these [CONTINUE]

**IF YES TO ANY OF 01 THROUGH 05 AT Q6, THE INDIVIDUAL QUALIFIES AS AUDIENCE 2: ADULTS PRONE TO/LIVING WITH CHRONIC HEALTH CONDITIONS. SKIP TO Q11.**

7. In a typical **week**, how often, if at all, do you do the following? [READ ITEM, THEN RESPONSE OPTIONS; ONLY REPEAT RESPONSE OPTIONS IF NEEDED]
  - a. Have a drink containing alcohol?
  - b. Engage in physical activity?
  - c. Smoke cigarettes?

Would you say....

01. Never
02. Once a week

- 03. 2 to 3 days a week
- 04. 4 to 6 days a week
- 05. Everyday
- 06. [DO NOT READ] Prefer not to answer [THANK AND TERMINATE]

**\*CODE AS 'SMOKE CIGARETTES' IF Q7d=05.**

- 8. [IF Q7a=02,03,04, OR 05] How many drinks containing alcohol do you have on a typical **day** when you are drinking? Would you say...
  - 01. 1
  - 02. 2
  - 03. 3
  - 04. 4
  - 05. 5 or more
  - 06. [DO NOT READ] Prefer not to answer [THANK AND TERMINATE]

**\*CODE AS 'CONSUMES ALCOHOL EXCESSIVELY' IF Q8=03 and Q4=01 OR Q8=04 OR Q8=05.**

- 9. [IF q7b=02,03,04, OR 05] In a typical **week**, how much time do you spend engaged in physical activity? Would you say... [READ ITEMS]
  - 01. Up to 1 hour [PHYSICAL INACTIVITY]
  - 02. More than 1 hour
  - 03. [DO NOT READ] Prefer not to answer [THANK AND TERMINATE]

**\*CODE AS 'PHYSICAL INACTIVITY' IF Q9=01.**

- 10. How many servings of fruits and vegetables do you have on a typical **day**? [READ list; offer SERVINGS LIST IF HELPFUL]
  - 01. None
  - 02. 1 to 2
  - 03. 3 or more
  - 04. [DO NOT READ] Prefer not to answer [THANK AND TERMINATE]

**\*CODE AS 'EATS UNHEALTHY' IF Q10=01 OR Q10=02.**

**INDIVIDUALS QUALIFY AS AUDIENCE 1: AT RISK ADULTS IF THEY ENGAGE IN TWO OR MORE OF THE FOLLOWING BEHAVIOURS:**

- 1. SMOKE CIGARETTES
- 2. CONSUME ALCOHOL EXCESSIVELY
- 3. EAT UNHEALTHY
- 4. PHYSICAL INACTIVITY



11. Which of the following best describes you? [READ LIST BUT NOT THE EXAMPLES IN PARENTHESES. ONLY OFFER THE EXAMPLES IF ASKED; STOP READING WHEN A RESPONSE IS PROVIDED; GET MIX AND WATCH QUOTA FOR BLACK CANADIANS]
01. Caucasian or White
  02. Indigenous
  03. South Asian (e.g., Indian, Pakistani, Sri Lankan, Bangladeshi, etc.)
  04. East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.)
  05. Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Indonesian, etc.)
  06. Middle Eastern, West and Central Asian (e.g., Israeli, Iranian, Lebanese, Afghan, Palestinian, etc.)
  07. North African (e.g., Egyptian, Moroccan, Algerian, etc.)
  08. Black Caribbean (e.g., Jamaican, Haitian, Trinidadian/Tobagonian, etc.)
  09. Black African (e.g., Nigerian, Ethiopian, Congolese, etc.)
  10. Latinx (e.g., Colombian, Salvadorian, Peruvian, etc.)
  11. Multiracial, please specify: \_\_\_\_\_

**CODE AS 'BLACK CANADIAN' IF Q11=07, 08, OR 09. RECRUIT 2-3 BLACK CANADIANS FOR EACH FOCUS GROUP.**

12. The focus groups are going to be online sessions held over the Internet. Participants will need to have access to a computer, a high-speed Internet connection, and a Webcam to participate in the group. The Webcam will need to be turned on for the duration of the session. Would you be able to participate under these conditions?
01. Yes [SKIP TO Q14]
  02. No [CONTINUE]
  03. Prefer not to say [CONTINUE]
13. [IF Q13=02 OR 03] You yourself do not need to have a computer and internet connection to participate. If you have a friend or family who could provide you with access to a computer, a high-speed Internet connection, and a Webcam for the online session, you would be able to participate. Would this be possible?
01. Yes [CONTINUE]
  02. No [THANK AND TERMINATE]
  03. Prefer not to say [THANK AND TERMINATE]
14. In which province or territory do you live? This information is needed to make sure you are assigned to a focus group that takes place in your time zone. [DO NOT READ LIST] [FOR THE GROUPS IN ATLANTIC CANADA AND THE PRAIRIES, AIM FOR A MIX OF PARTICIPANTS FROM EACH OF THE PROVINCES.]
01. British Columbia
  02. Alberta [PRAIRIES GROUPS]
  03. Saskatchewan [PRAIRIES GROUPS]
  04. Manitoba [PRAIRIES GROUPS]
  05. Ontario
  06. Quebec
  07. New Brunswick [ATLANTIC GROUPS]

08. Newfoundland [ATLANTIC GROUPS]
  09. Nova Scotia [ATLANTIC GROUPS]
  10. Prince Edward Island [ATLANTIC GROUPS]
  11. Prefer not to say [THANK AND TERMINATE]
15. What is the highest level of education that you have completed? [DO NOT READ ITEMS; ENSURE A GOOD MIX]
01. Some high school
  02. High school diploma or equivalent
  03. Registered apprenticeship or other trades certificate or diploma
  04. College, CEGEP or other non-university certificate or diploma
  05. University certificate or diploma below bachelor's level
  06. Bachelor's degree
  07. Post graduate degree above bachelor's level
  08. Prefer not to answer [THANK AND TERMINATE]
16. Which of the following best describes your total household income last year, before taxes, from all sources for all household members? [READ LIST; STOP WHEN A SELECTION IS MADE; ENSURE A GOOD MIX]
01. Under \$20,000
  02. \$20,000 to just under \$40,000
  03. \$40,000 to just under \$60,000
  04. \$60,000 to just under \$80,000
  05. \$80,000 to just under \$100,000
  06. \$100,000 to just under \$150,000
  07. \$150,000 and above
  08. Prefer not to answer

#### **B. Industry Screening and Consent**

17. Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for your participation?
01. Yes [CONTINUE]
  02. No [SKIP TO Q21]
  03. Prefer not to answer [THANK AND TERMINATE]
18. When did you last attend one of these discussion groups or interviews?
01. Within the last 6 months [THANK AND TERMINATE]
  02. Over 6 months ago [CONTINUE]
  03. Prefer not to answer [THANK AND TERMINATE]
19. Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?
- RECORD: \_\_\_\_\_ [THANK/TERMINATE IF RELATED TO DEMENTIA]
20. How many discussion groups have you attended in the past 5 years?

01. Fewer than 5 [CONTINUE]
  02. 5 or more [THANK AND TERMINATE]
21. The discussion group will be recorded. The recordings will be used only by the research professional to assist in preparing a report on the findings and they will be destroyed once the report is final. Do you agree to be recorded for research purposes only?
01. Yes [SKIP TO Q23]
  02. No [CONTINUE]
  03. Prefer not to answer [CONTINUE]
22. It is necessary for the analysis process for us to record the session as the moderator needs this material to complete the report. The recordings will be used solely to assist with writing the report and will not be shared. Now that I've explained this, do I have your permission for recording?
01. Yes [CONTINUE]
  02. No [THANK AND TERMINATE]
  03. Prefer not to answer [THANK AND TERMINATE]
23. Representatives from the Government of Canada may observe the discussion to hear your opinions first-hand. They may take notes and confer with the moderator. They will not have access to any of your personal information, such as your full name, and they will not take part in the discussion. Do you agree to be observed by employees of the Government of Canada?
01. Yes [CONTINUE]
  02. No [THANK AND TERMINATE]
  03. Prefer not to answer [THANK AND TERMINATE]

### C. Invitation to Participate

You qualify to participate in one of our virtual discussion groups. The discussion will be led by a researcher from the public opinion research firm, Phoenix Strategic Perspectives. The group will take place on [DAY OF WEEK], [DATE], at [TIME], and will last **an hour and a half** [1.5 hours]. You will receive an honorarium of **\$100** for your time.

24. Are you willing to participate?
01. Yes [CONTINUE]
  02. No [THANK AND TERMINATE]
  03. Prefer not to answer [THANK AND TERMINATE]
25. We will provide the focus group moderator with a list of participants' names so that they can sign you into the group. We will provide your first name and the first letter of your last name as well as your responses to this questionnaire. Do we have your permission to do this? I assure you it will be kept strictly confidential.
01. Yes [SKIP TO Q27]
  02. No [CONTINUE]
  03. Prefer not to answer [CONTINUE]

26. We need to provide the focus group moderator with the names of the people attending the focus group because only the individuals invited are allowed in the session and the moderator must have this information for verification purposes. Your first name will be visible when you join the focus group session. Now that I've explained this, do I have your permission to provide your name and profile to the moderator?

- 01. Yes [CONTINUE]
- 02. No [THANK AND TERMINATE]
- 03. Prefer not to answer [THANK AND TERMINATE]

27. May I have your email address so that we can also send you an email message with the information you will need about the focus group?

ENTER EMAIL ADDRESS: \_\_\_\_\_

Information regarding how to participate will be sent to you by email in the coming days. The email will come from Phoenix SPI and the address will be [research@phoenixspi.ca](mailto:research@phoenixspi.ca). You will be asked to log into the online session 10 minutes prior to the start time. **If you do not log in on time, you may not be able to participate and you will not receive an honorarium.**

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, please call us so that we can get someone to replace you. You can reach us at [INSERT NUMBER] at our office. Please ask for [INSERT NAME].

Someone will call you the day before to remind you about the session. So that we can call you to remind you about the focus group or contact you should there be any changes, will you please confirm your name and contact information for me?

First name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Evening phone number: \_\_\_\_\_

Thank you very much for your time and willingness to participate in this research.

## 2. Moderator's Guide

### Introduction [5 minutes]

- Introduce moderator/firm and welcome participants to the focus group.
  - TECHNICAL CHECK; CONFIRM SOUND AND VIDEO QUALITY.
  - Thank you for attending/value your being here.
  - Tonight, we are conducting research on behalf of Public Health Agency of Canada.
  - We'll be asking for opinion on materials being considered for an advertising campaign.
  - The discussion will last approximately an hour and a half.
  - I'd like you to leave your camera on for the duration of the session.
    - Cameras turning on and off is distracting.
- Describe focus group.
  - This is a “virtual round table” discussion.
  - My job is to facilitate the discussion, keeping us on topic and on time.
  - Your job is to offer your opinions.
  - There are no right or wrong answers. I won't be correcting any statements.
  - I'd like to hear from everyone, so we have a range of opinions.
  - I'll try to make sure all of you have the opportunity to speak, but feel free to raise your hand if you want to contribute.
  - Please be considerate and try not to interrupt others.
- Explanations.
  - Comments will be treated in confidence.
    - Anything you say during these groups will be kept anonymous.
    - Our report summarizes the findings but does not mention anyone by name.
    - We encourage you to not provide any identifiable information about yourself.
    - The final report will be available through Library and Archives Canada.
  - The session is being video recorded.
    - Recording is for report writing purposes/verify feedback.
    - Recordings will not be released to anyone without your written consent.
  - There are people involved in this project who will be observing tonight's online session.
    - Purpose: oversee the research process and see your reactions first-hand
    - They may also take their own notes on tonight's session, but these again will not mention anyone by name
- Any questions?
- Roundtable introduction: Please tell us your first name and say 'hello' to the rest of the group.

### Context [10 minutes]

Tonight, we will be reviewing advertising materials being considered for a public education campaign the Public Health Agency of Canada is developing about dementia. Before I show you the materials, I'd like to start with a few questions about dementia. Again, there are no right or wrong answers. We're just interested in your opinion.

1. What comes to mind when you hear the term 'dementia'? [KEEP BRIEF]

2. Does anyone here think they are at risk of developing dementia? Why or why not?
3. Are there risk factors for developing dementia? Any ideas?
4. Are there actions you can take to minimize the risk of developing dementia? If so, what?

### Review of Creative Concepts [35 minutes]

Now we'll turn to the advertising materials. Tonight, we'll be asking you to review three creative concepts that have been developed for an upcoming campaign on dementia risk factors and prevention. The materials you'll see tonight are not final and may change, in part, because of the feedback we will receive from focus groups like this one.

For each concept, I'll show you two storyboards that cover two different risk factors and the corresponding poster/print ads. The storyboards provide a visual representation of how each advertisement will play out, scene by scene, much like a comic strip. Once the storyboards are final, they will be made into short videos that will be available online. The poster/statics ads you will see will support the videos.

Rotate the presentation of the creative concepts across the groups:

1. Get to Know your Risk Factors: Hypertension, Physical Inactivity
2. Stats and Graphs: Hypertension, Physical Inactivity
3. Unexpected Impact: Hypertension, Physical Inactivity

Here's the first creative concept. We'll refer to it as concept A. There are two versions for this concept. I'll show you both and then we'll discuss the concept as a group.

Here's the first version...

[SHOW AND GIVE A DESCRIPTION OF THE STORYBOARDS AND POSTER/STATIC ADS FOR CREATIVE CONCEPT A. ROTATE PRESENTATION OF MATERIALS—HYPERTENSION AND PHYSICAL INACTIVITY—ACROSS THE GROUPS.]

Here's the second version....

5. What's your overall impression of this creative concept?
  - a. How many of you liked the approach?
  - b. How many of you did not like the approach?
  - c. Why is that?
    - PROBE: likes/dislikes and reasons why

CONCEPT SPECIFIC PROBES, IF NEEDED:

1. Get to Know your Risk Factors: use of humour, personification
2. Stats and Graphs: use of graphs, focus on data
3. Unexpected Impact: realism, everyday activities

[MODERATOR: NOTE DIFFERENCES BY VERSION IF VOLUNTEERED BUT REMIND PARTICIPANTS THAT WE WANT FEEDBACK ON THE OVERALL APPROACH OR CONCEPT AS OPPOSED TO EACH OF THE VERSIONS.]

6. What message does this concept communicate? PROMPT IF NEEDED: What message do you take away from this concept?
  - a. Did you learn anything? Is anything surprising to you? If so, what?
7. Does this concept motivate you to do anything? If so, what?
  - a. PROMPT IF NEEDED:
    - i. Would you look for more information? Why is that?
    - ii. Would you take any action to reduce the risk for yourself? What about others close to you?
  - b. What is it in the storyboards/POSTERS that motivates you to [ADJUST BASED ON RESPONSES TO Q7: take action/look for information]?

**Now I want to focus specifically on the posters/static ads...**

8. Would you notice these ads? Why/why not?

**Let's turn to the next concept.** We'll refer to this as concept B. Once again, please keep your reaction to yourself until we discuss the material as a group.

REPEAT QUESTIONS 5-8 FOR CREATIVE CONCEPT B.

Now, let's turn to the final concept. We'll refer to this as concept C.

REPEAT QUESTIONS 5-8 FOR CREATIVE CONCEPT C.

### **Comparison of Creative Concepts [30 minutes]**

Now that you've reviewed the three concepts....

9. Is there any information missing in any of these concepts? Is so, what?
10. Was there any issue with the credibility of the message? Do you believe/trust the information that was conveyed? Why do you say that?
11. Is the information in these concepts relevant to you personally? Why do you say that?

I'm going to ask you to compare the three concepts. Let's have another look at each of them. [SHOW STORYBOARDS + POSTER/STATIC ADS FOR EACH CONCEPT ONE AFTER THE OTHER, REVERSING THE ORIGINAL ORDER OF PRESENTATION].

12. Which of the three concepts would you say is MOST effective in terms of capturing your attention? [POLL PARTICIPANTS] And, now which one makes you MOST want to follow up to learn more or possibly take some action? [POLL PARTICIPANTS]

- a. [MODERATOR: SUMMARIZE RESULTS]
- b. What makes this concept the most effective for you in terms of capturing your attention? What about it makes you want to learn more or take action?

13. Ok, now which one is the LEAST effective and why?

### Genetic Link [10 minutes]

I have a few additional questions to ask you regarding an alternate version on which an additional line of information was added. For the purpose of this exercise, it was only applied to the stats and graph concept

[GIVE A DESCRIPTION OF THE STORYBOARD AND POSTER/STATIC AD IN THAT ORDER]

14. What's the additional information in this version?

15. Is the additional information new to you, something you didn't know before tonight? Does this additional information make the message more effective? Why do you say that?

16. Does this additional information motivate you more or less than the previous versions without the genetic information? [HAND COUNT]

### Final Word

We've covered a lot tonight and I really appreciate you taking the time to share your opinions. [CHECK WITH OBSERVERS TO SEE IF THERE ARE ANY LAST QUESTIONS.]

The honorarium will be available via e-transfer or cheque; we'll contact you in the coming days to determine your preference. On behalf of Health Canada, I would like to thank you for your time and participation today.

**You can all log out now. Have a great evening!**