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Dementia Public Education Phase 1 - Concepts Testing

Final Report

Prepared for Health Canada

Supplier Name: Phoenix SPI
Contract Number: HT372-203812 001 CY
Contract Value: \$149,860.72
Award Date: 2020-12-07
Delivery Date: 2021-04-22

Registration Number: 076-20

For more information on this report, please contact Health Canada at: hc.cpab.por-rop.dgcap.sc@canada.ca

Ce rapport est aussi disponible en français.

Canada 

Dementia Public Education Phase 1 - Concepts Testing

Final Report

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Supplier name: Phoenix Strategic Perspectives Inc.

April 2021

This public opinion research report presents the results of an online survey conducted with 2,012 panellists aged 40 and older and a set of 16 virtual focus groups with four target populations: Canadians aged 25 and older, Canadians at higher risk of dementia, caregivers and people living with early stage dementia, and front-line staff in the service sector. The focus groups were held with participants from St. John's, Montreal (French), Toronto, and Winnipeg. The research was conducted between January 20 and February 7, 2021.

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Communications and Public Affairs Branch
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Catalogue number:

H14-365/1-2021E-PDF

International Standard Book Number (ISBN):

ISBN 978-0-660-38570-9

Related publications (registration number: POR 076-20):

Catalogue number (Final report, French) H14-365/1-2021F-PDF

ISBN 978-0-660-38571-6

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Cette publication est aussi disponible en français sous le titre : *Sensibilisation de la population à la démence – première phase : évaluation des concepts*

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Executive Summary

Phoenix Strategic Perspectives Inc. (Phoenix SPI) was commissioned to conduct quantitative and qualitative research to test a set of design concepts being considered for a social marketing advertising campaign on dementia.

1. Research purpose and objectives

The Public Health Agency of Canada (PHAC) is implementing a social marketing strategy to support dementia prevention and stigma reduction. The strategy will include an advertising campaign to generate awareness and educate Canadians about dementia and to promote healthy lifestyle behaviours. The research objectives were threefold: 1) evaluate the creative concepts to determine if the content is relevant, motivating, creatively appealing, and clear; 2) generate suggestions for potential changes to ensure the messages and ads resonate with each audience; and 3) elicit insights from audience groups relevant to designing future creative concepts and supporting materials. The results of this research will be used to finalize the advertising materials.

2. Methodology

To meet the objectives, a 15-minute online survey was administered to 2,012 Canadians aged 40 and older between January 26 and February 7, 2021. The sample was drawn from Dynata's panel of online Canadians. The survey data were weighted by region and gender to reflect the demographic composition of the target population. In addition, a set of 16 virtual focus groups was conducted, with four in each of St. John's, Montreal (French), Toronto and Winnipeg. One group in each location was held with members of each of the four target audiences: adults 25+, Canadians 40+ at higher risk of developing dementia, front-line staff in the service sector, and caregivers and people living with dementia at the early stages of the condition. The fieldwork took place between January 20 and February 4, 2021.

3. Key findings

Each of the stigma ads received generally favourable feedback.

Half or more of those surveyed reported a positive initial reaction to the three ads: Parking, Groceries, and Golfing. While no one element of any of the ads caught the attention of the majority of respondents, the story and the content of each of the ads resonated with the plurality of respondents. For the Parking ad, the story and content (38%) was followed by the overall subject (26%) of the ad, the images and visuals (12%), the people (12%), and the narrator (9%). For the Groceries ad, the story and content (38%) was followed by the people (26%), the overall subject (17%), the images and visuals (9%), and the narrator (7%). Those who viewed the Golfing ad pointed to the story and content (37%), followed by the overall subject (16%), the images or visuals (15%), the people (13%), and the narrator (12%).

Among focus groups participants, impressions of the ads also tended to be positive.

- The Parking ad was routinely described as attention-grabbing and easy to relate to because it depicts a common experience, i.e., forgetting where one has parked one's car. While many reacted positively to the common experience, some participants felt that the experience of

forgetting where one has parked makes the ad less forceful and less memorable precisely because it is a common experience.

- The Groceries ad resonated with participants in various ways, including: the depiction of a familiar situation, which makes the ad attention-grabbing and easy to relate to; the clear depiction of what the problem is at the start of the ad; the depiction of the person with dementia, including hearing her speak and express her confusion; the inclusion of statistics about dementia, described by some as attention-grabbing; the fact that the ad shows how dementia affects people in their daily lives as well as the prejudices they face; and the way the storyline makes one wonder about what one would do or how one would react in a similar situation. Critical reaction to this ad was based primarily on the depiction of the reaction of the cashier to the person with dementia.
- Focus group participants were less positive about the Golf ad than survey respondents. Their reaction to the ad tended to range from neutral/indifferent to mildly positive. Those who were neutral or indifferent towards the ad explained that the ad did not resonate with them because they could not relate to the sport of golf or to the experience of having a parent living with dementia. As a result, many participants said that this ad elicited little or no emotional reaction in them.

Of the three stigma ads, the Groceries ad ranked first for respondents across several measures.

When asked to rank the stigma ads according to which ad they would be most likely to notice and watch, six in 10 (60%) ranked the Groceries ad first. Following this, exactly half (50%) would be most likely to notice and watch the Parking ad and, for four in 10 (40%), it was the Golfing ad that ranked first. The Groceries ad (63%) also ranked first when respondents were asked to consider which ad was most compelling and powerful to watch. Approximately half (53%) ranked the Parking ad first, while 34% felt the Golfing was the most compelling of the three stigma ads. When it came to which ad would be most likely to make them want to know more or change their attitude or behaviour, once again, the Groceries ad ranked first. The ad was ranked first 65% of the time, the Parking ad 52% of the time, and the Golfing ad 32% of the time.

Focus group participants noted that all three stigma ads were more effective than not in terms of grabbing attention, providing a clear message, and eliciting an emotional reaction. That said, the Parking and Groceries ads were much more effective in these three areas than the Golfing ad. More specifically, the Groceries ad emerged as the most effective overall. While the Parking and Groceries ads were similarly likely to grab participants' attention, provide a clear message, and elicit an emotion, the Groceries ad was viewed as more effective at doing all three of these things 'to a great extent'.

Half or more reacted moderately positively to all the prevention ads.

Respondents were most likely to react positively to the Remember (73%) and Don't Forget (69%) ads, although impressions were more likely to be moderately than strongly positive. Smaller and similar proportions reported having a positive initial reaction to Coach (63%), Great Looking Brain (2) (63%), and Great Looking Brain (1) (62%). Roughly half (52%) said their initial reaction to Yes Brainer was positive. As was the case with the stigma ads, no one element of the prevention ads stood out for a majority of respondents: 42% pointed to the headline in large font in the two Great

Looking Brain ads, 37% to the image or visual featured in the Remember ad, and 24% to the story or content of the Coach ad.

Among focus group participants, overall impressions tended to be more mixed than those reported in the survey. The most frequent reaction to the ads was to note their generic character—the impression that the main message is about a healthy lifestyle, with an incidental or secondary connection to dementia. This impression was consistent across groups and audiences, and often the first top-of-mind reaction to the ads, with participants observing that the reference to dementia could be replaced with other health conditions and the message would be the same. With respect to each of the ads:

- Impressions of the Coach ad ranged from indifferent to negative. While participants described the ad as attention-grabbing, they also regularly described it as unclear or confusing because it is clear only at the end of the 30-second video that the ad is about dementia. In addition, the connection to dementia was often described as tenuous or incidental, with many characterizing the approach as generic and noting that this ad could just as well have been about family time or a healthy lifestyle.
- Overall impressions of both versions of the Great Looking Brain ad tended to range from mildly positive to neutral. Positive reactions were elicited primarily by what were characterized as their appealing and attention-grabbing visuals, and their positive and upbeat character. Neutral reactions to the ads were most often elicited by what was described as their generic character in terms of substance and style. Similar to the survey findings, one feature of the ads routinely described as attention-grabbing was the tagline “Here’s A Great Looking Brain”. Initial reactions to the tagline, however, were often a mixture of curiosity, confusion, and uncertainty about its meaning. Participants often observed that its meaning is unclear until linked to the subtext.
- Overall impressions of the ad, Yes Brainer, ranged from positive to neutral. Participants who enjoyed the ad noted the following contributed to their positive reaction: the English version of the tagline, which was described as attention-grabbing and clever; the use of statistics; the focus on an activity for the mind; the recommendation of a concrete activity that is easy to do; and the focus on meditation, because this is an activity they personally practice. Participants who reacted indifferently to the ad tended to focus on two of its features to explain why: the reference to meditation and the tagline, particularly the English version of the tagline “Yes Brainer”.
- Don’t Forget and Remember elicited responses that ranged from positive to neutral. Reasons to explain positive impressions included that the approach is eye-catching, attention-grabbing, and visually appealing; that the messaging is clear, direct, and simple; and that the messaging is universal in the sense that everyone is targeted. Those for whom the ad did not resonate explained that the approach struck them as too generic. This was especially the case for ‘Don’t Forget’ which many said could just as well have been an ad for a brand of running shoe.

Of the six prevention ads, there was no clear winner.

When comparing the prevention ads, roughly four in 10 said they would be most likely to notice the Remember (40%) and Don’t Forget (38%) ads. About three in 10 would notice Coach (35%), the

Great Looking Brain (1) ad (33%), or the Great Looking Brain (2) ad (31%). One in five (21%) ranked Yes Brainer first.

A similar pattern emerged when respondents were asked to rank the ads by which feels most compelling and powerful. Four in 10 (41%) ranked the Coach ad as the most compelling, while approximately one in three felt this way about Don't Forget (33%), Great Looking Brain ad (1) (32%), Remember (31%), and Great Looking Brain (2) (31%). Once again, at 22%, Yes Brainer was the ad least likely to be considered compelling and powerful.

There was also no consensus among survey respondents in terms of which ad is most likely to lead to behavioural change. While 36% said the Coach ad is most likely to lead them to want to know more or change their behaviour, 35% said it is the Great Looking Brain (1) ad, 34% Don't Forget, and 33% each Remember and Great Looking Brain (2). One-quarter (26%) ranked Yes Brainer first as the ad most likely to make them want to know more and change their behaviours and attitudes in relation to dementia.

For focus group participants, the prevention ads were relatively limited in their power to motivate participants to learn more about how to prevent dementia. While participants were likely to say of each prevention ad that it grabbed their attention and provided a clear message at least to a moderate extent, in only in the case of Yes Brainer were they likely to say that the ad made them want to learn more at least to a moderate extent. Participants routinely observed that the ads were essentially telling them something they know already, do already, or should be doing anyway. To the extent that the ads are relevant, it is primarily as a reminder to pursue a healthy lifestyle. In short, the reference to dementia provides no new meaningful information and does not motivate most to look for more information.

4. Limitations of the research

Surveys, like this one, that use samples drawn from online panels cannot be described as statistically projectable to the target population and no estimates of sampling error can be calculated because the sample is based on those who initially self-selected for participation in the panel. The results from the virtual focus groups are not statistically projectable, but they offer detailed opinions about the issues explored through this research that complement the broader survey findings.

5. Use of the results

The results of this research will be used by the Government of Canada to guide the messaging and creative development of the dementia social marketing campaign.

6. Political Neutrality Certification

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.

Signed:



Alethea Woods, President
Phoenix Strategic Perspectives Inc.

7. Contract value

The contract value was \$149,860.72 (including HST).

Introduction

Phoenix SPI was commissioned by Health Canada to conduct public opinion research to support a social marketing strategy focussed on dementia prevention and stigma reduction.

Background and Objectives

In 2016-17, more than 432,000 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, 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 the strongest known risk factor for cognitive decline, dementia is not a natural or inevitable consequence of aging.

People living with dementia and caregivers currently report negative impacts on their physical, emotional, mental, and social wellbeing, including depression, anxiety, social isolation, and physical inactivity.¹ People living with dementia and the family and/or friends who provide care also experience social isolation and stigma associated with the condition, and those living with dementia are at increased risk for abuse and neglect.²

Stigma can discourage a person from seeking diagnosis, educating themselves about the disease, and participating in research. It can also lead others to react in ways that reduce the quality of life of people living with dementia, such as by patronizing, isolating, and discriminating against a person with the disease.³

The Public Health Agency of Canada is implementing a social marketing strategy to support dementia prevention and stigma reduction. The strategy will include an advertising campaign to generate awareness, educate, and promote healthy lifestyle behaviours. The specific goals of the campaign are to educate Canadians about dementia, increase uptake of preventative actions, reduce stigmatizing behaviours, and increase the well-being of those who are living with the condition and their caregivers.

The main objective of this research was to test creative concepts for the dementia advertising campaign to ensure the final advertising materials are clear, relevant, and appropriate to generate awareness and educate Canadians. The creative concepts assessed as part of this public opinion research focussed on two main themes: the stigma associated with dementia and education to help reduce the risk of developing dementia. The research objectives were to: 1) evaluate each of the creative concepts and determine if the content is relevant, motivating, creatively appealing, and clear to each audience; 2) generate suggestions for potential changes to ensure the messages and

1 Implementing a National Dementia Strategy Treasury Board Submission, Annex A

2 Implementing a National Dementia Strategy Treasury Board Submission, section 28

3 What features of stigma do the public most commonly attribute to Alzheimer's disease dementia? Results of a survey of the U.S. general public (2018): <https://www.sciencedirect.com/science/article/pii/S1552526018300256>

ads resonate with each audience; and 3) elicit insights from each audience relevant to designing future creative concepts and supporting materials.

The results of this research will be used by the Public Health Agency of Canada to guide the messaging and creative development of the dementia marketing campaign.

Methodology

To meet the objectives, quantitative and qualitative research was conducted as follows:

- An online survey was administered to 2,012 Canadians aged 40 and older between January 26 and February 7, 2021. The survey averaged 15 minutes to complete. The sample was drawn from Dynata's panel of online Canadians. Panellists were invited to participate in the survey through an email invitation which contained a password-protected URL to access the survey. Survey data was weighted by region and gender to reflect the demographic composition of the target population. Surveys that use samples drawn from online panels cannot be described as statistically projectable to the target population. Because the sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated.
- A set of 16 virtual focus groups was conducted, four in each of the following locations: St. John's, Montreal (French), Toronto and Winnipeg. One group in each location was held with members of each of the target audiences: adults 25+; Canadians 40+ at higher risk of developing dementia; adults 18+ that provide services to the public in the following sectors: retail, transportation, and banking, and; family members and friends that care for a person with dementia and people living with dementia at the early stages of the condition. Each group was designed to last up to two hours and participants were paid an honorarium. The focus groups took place as follows: Toronto (January 20 and 21), Winnipeg (January 25 and 26), St. John's (January 27 and 28), and Montreal (February 1 and 2).

More information on the methodology can be found in the [Appendix: Technical Specifications](#).

Creative Concepts

The creative concepts for the dementia advertising campaign that were tested as part of this research are presented below. The materials focussed on two themes, stigma reduction and dementia prevention, and included animated storyboards (animatics) and static images. In all, there were four animatics, and five static images.

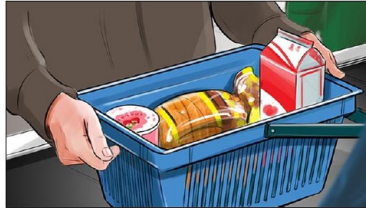
Stigma Theme

This theme included three 30-second animated storyboards.

Parking



Groceries



Golfing



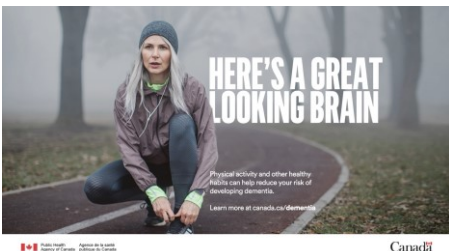
Prevention Theme

This theme included one 30-second animated storyboard and five static images.

Coach (animatic)



Great Looking Brain -1



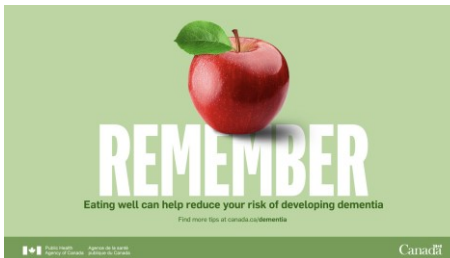
Great Looking Brain -2



Yes Brainer



Remember



Don't Forget



Notes to Reader

- The report is divided into two chapters. The first chapter presents the results from the online survey and the second chapter presents the results from the virtual focus groups.
- In chapter 1:
 - All results are expressed as percentages, unless otherwise noted. Throughout the report, percentages may not always add to 100 due to rounding and/or multiple responses being offered by respondents.
 - At times, the number of respondents changes in the report because questions were asked of sub-samples of the survey population. Accordingly, readers should be aware of this and exercise caution when interpreting results based on smaller numbers of respondents.
 - Where base sizes are reported in graphs, they reflect the actual number of respondents who were asked the question.
 - Statistically significant subgroup differences are identified in the report. Subgroup reporting includes a variety of demographic and attitudinal variables.
 - The results of significance tests establish the extent of relationships among variables, but cannot be generalized to the population given the use of non-probability sampling (i.e., an online panel). When reporting subgroup variations, only differences that are significant at the 95% confidence level and that pertain to a subgroup sample size of more than n=30 are discussed in the report. If one or more categories in a subgroup are not mentioned in a discussion of subgroup differences (for example, if two out of three age groups are compared), it can be assumed that significant differences were found only among the categories reported.
- In chapter 2:

- The qualitative results provide an indication of participants' views about the issues explored, but they cannot be quantified or generalized to the full population of Canadians aged 25 and older, Canadians aged 40 and older at higher risk for dementia, caregivers as well as those living with dementia, and frontline staff working in the service sector.
- The research instruments can be found in the [Appendix](#) along with more information about the technical specifications of research.

1. Survey Findings

This section of the report presents the results of the online survey. The survey was administered to a sample of 2,012 panellists aged 40 and over. Each respondent was asked to review a random selection of five ads, which included two of the three stigma ads and three of the six prevention ads. Prior to the ad presentation, survey respondents were provided the following information about the ad concepts:

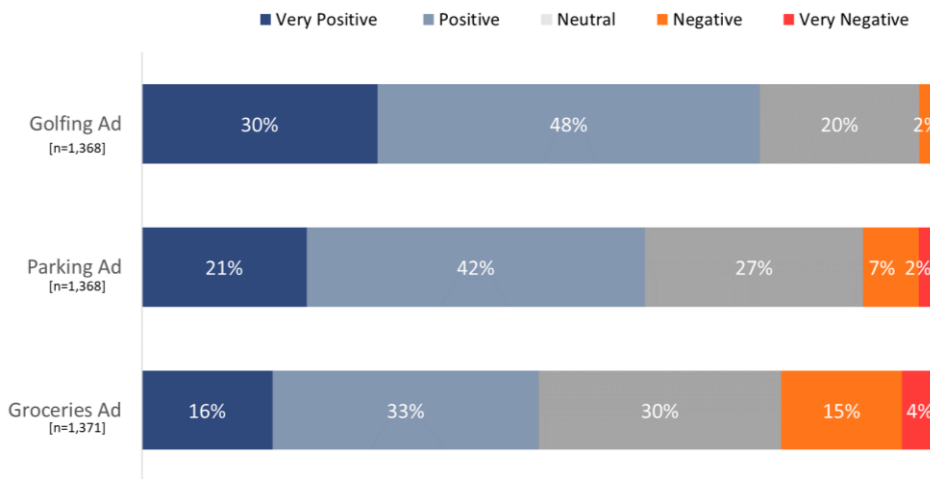
The Public Health Agency of Canada is developing a set of advertisements to educate Canadians about dementia and we'd like your feedback on the ad concepts. You will see animated storyboards, or animatics, and static images. Each animatic is a set of storyboards roughly edited together with sound to illustrate an ad concept. The concepts depicted in the animatics you will see could eventually be developed into fully produced ads that may appear on TV or as videos on social media. The images could be used as posters, billboards, or banners on websites.

1.1 Review of Stigma Ads

Respondents were most likely to react positively to the Golfing ad, followed by Parking

More than three-quarters (78%) of respondents said their initial reaction to the Golfing ad was positive, including three in 10 (30%) who had a *very positive* reaction. Among the rest, two in 10 (20%) were neutral and 3% had a negative reaction. Following this, nearly two-thirds (63%) reacted positively to the Parking ad. Few (9%) reacted negatively and the rest (27%) placed themselves at the mid-point of scale, indicating neither a positive nor a negative reaction. Approximately half (49%) of those surveyed said their initial reaction to the Groceries ad was positive. In contrast, one in five (19%) had a negative initial reaction⁴ while three in 10 (30%) had no reaction to the ad.

Figure 1: Overall Reaction



Base: respondents aged 40+ [NR: 1% or less].
 <1% of respondents selected "1 - Very Negative" for the golfing ad
 Q6: What's your initial reaction to this ad?

⁴ The negative reaction may, in part, be attributable to the treatment of the woman with dementia. Focus group participants who reactively critically to this ad based their impression on the reaction of the cashier to the person with dementia.

The following subgroup differences are noteworthy:

- The likelihood of reacting positively to the ads was higher among those who viewed themselves as knowledgeable or very knowledgeable about dementia.
- Positive reaction to the Parking ad was higher among those who know someone with dementia (67%) compared to those who do not (59%). The same was true for the Golfing ad: 83% of those who know someone with dementia had a positive reaction compared to 70% of those who do not.
- Those who care for someone with dementia (58%) were more likely than those who do not (48%) to respond positively to the Groceries ad, as were respondents from Quebec (56%) compared to those from Atlantic Canada (43%) and Ontario (48%).
- The likelihood of reacting positively to the Golfing ad was higher among women (81% versus 73% of men) and among those aged 66+ (81%) compared to 40 to 50 year olds (75%).

No one element of the ads resonated with a majority of respondents

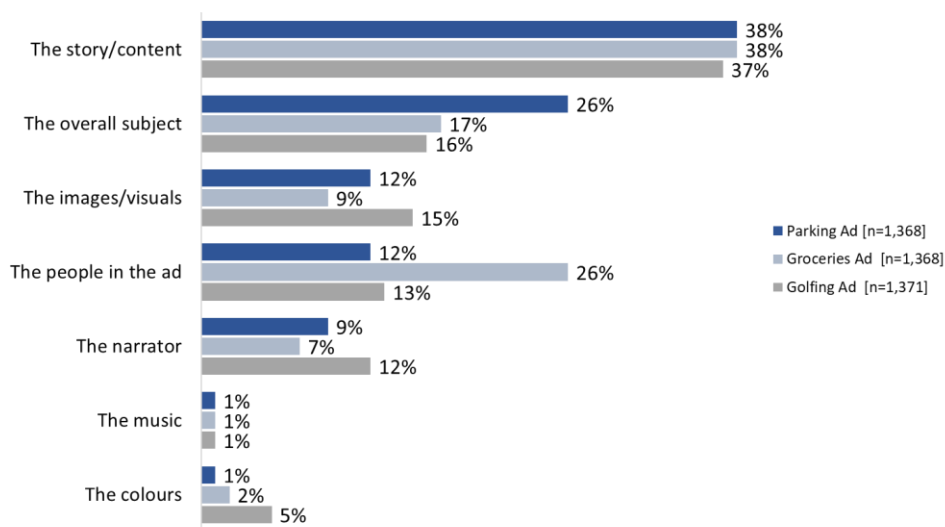
Respondents were asked to identify from a list the aspect of the ads that first caught their attention. While none of the items was mentioned by a majority of respondents, the single greatest proportions said the story and the content of the ads first caught their attention.

For the Parking ad, the story and content was followed by the overall subject (26%) of the ad, the images and visuals (12%), the people (12%), and the narrator (9%). For the Groceries ad, it was the people (26%) followed by the overall subject (17%), the images and visuals (9%), and the narrator (7%). Those who viewed the Golfing ad pointed to the overall subject (16%), the images or visuals (15%), the people (13%), and the narrator (12%).

The full range of elements identified by respondents as attention catching are depicted in Figure 2.

Figure 2: Ad Qualities

“What about this ad catches your attention...”



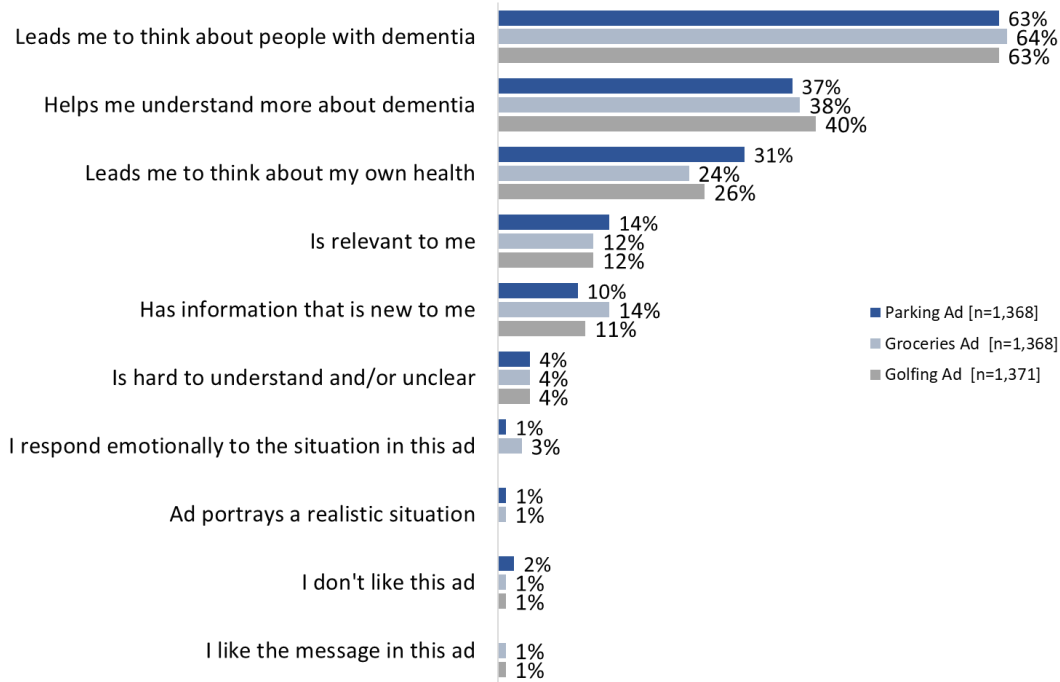
Base: respondents aged 40+ [NR: 1%].
 Q7: What about this ad first catches your attention?

The story/content of the Golfing ad was more likely to resonate with those aged 66+ (41%) compared to 40 to 50 year olds (33%).

Majorities said the ads led them to think about people living with dementia

Nearly two-thirds of those presented with each ad said it led them to think about people living with dementia. Fewer said the ads helped them understand more about dementia, or led them to think about their own health. Other impressions were volunteered by smaller proportions and can be found in Figure 3.

Figure 3: Ad impressions



Base: respondents aged 40+. [Multiple responses accepted]. [Dk/NR: 1%].
 Q8. Please select the statement(s) that best fits your impression of this ad.

Regionally, respondents from Quebec and Ontario set themselves apart from others. Those from Quebec and Ontario were more likely to report that the Parking and Groceries ads helped them understand more about dementia—for the Parking ad: 41% and 39%, respectively, compared to 30% of those from British Columbia, and; for the Groceries ad: 46% and 38%, respectively, compared to 30% of those from the Prairies.

Those who know someone with dementia (66%) were more likely than those who do not (59%) to have said that the Parking ad leads them to think about and understand people living with dementia. In addition, the likelihood of saying the Groceries ad leads them to think about and understand people living with dementia was higher among women (67%) compared to men (60%), those who have a friend or family member with dementia (66%) compared to those who do not (61%), and older Canadians (65% of those aged 51 to 65 and 67% of those 66+) compared to Canadians aged 40 to 50 (57%). Finally, men (30%) were more likely than women (24%) to say that the Golfing ad leads them to think about their own health.

Each ad provides different types of information that is new to respondents

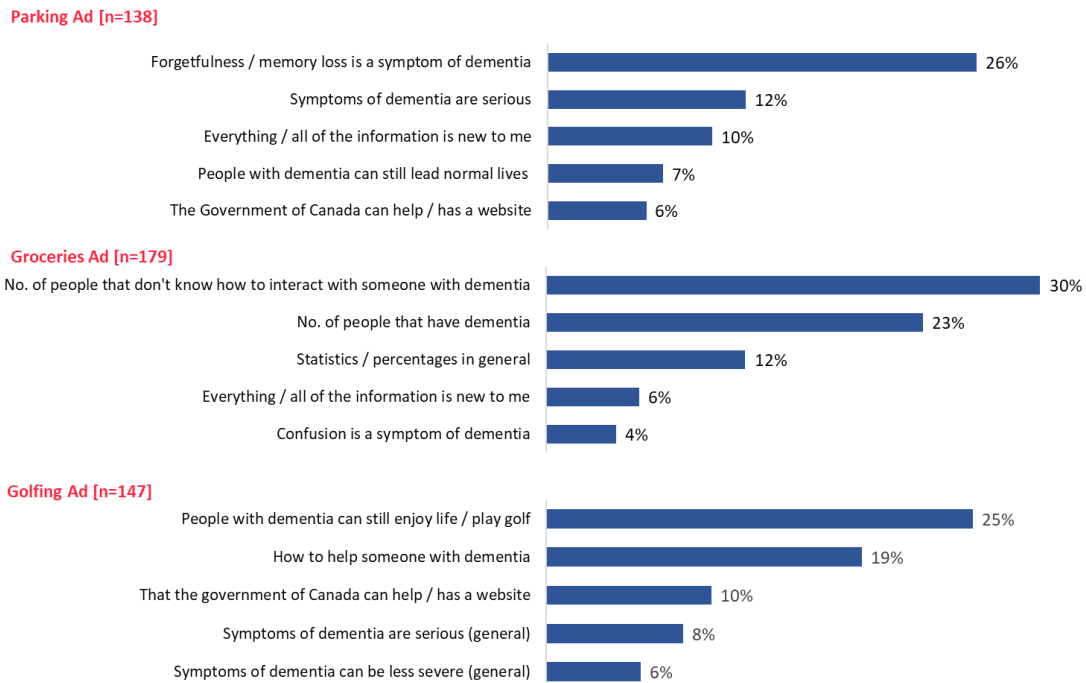
Respondents who said the ads contained information that is new to them were asked to identify what information is new. The top five items mentioned for each ad are presented below in Figure 4. Among respondents who said the Parking ad contained information that was new to them (n=138), one-quarter (26%) did not know forgetfulness and memory loss are symptoms of dementia. Fewer were not aware that the symptoms of dementia are serious (12%), that people with dementia can lead normal lives (7%), and that the Government of Canada can help (6%).

Turning to those who said the Groceries ad presented new information (n=179), three in 10 (30%) were unaware of how many people do not know how to interact with someone with dementia and nearly one in four (23%) did not know how many people have dementia. Fewer pointed to the statistics in the ad (12%) or to the fact that confusion is a sign of dementia (4%). Six percent (6%) indicated that everything in the ad is new information.

One-quarter (25%) of respondents who said the Golfing ad contained new information (n=147) were not aware that people living with dementia can still enjoy life and play golf. Approximately one in five (19%) said the ad provided new information about how to help someone with dementia, and one in 10 (10%) reported they did not know the Government of Canada can help. Few said they were unaware that the symptoms of dementia are serious (8%), while others did not know that the symptoms of dementia can be less severe (6%).

Figure 4: New information – Top 5 Items

“What information in this ad is new to you?”



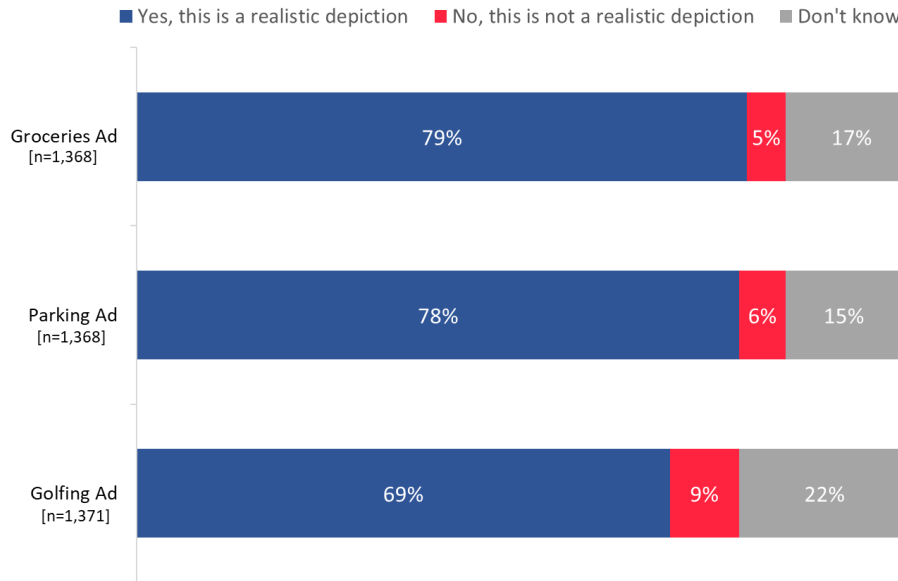
Base: Respondents who said the ad had information new to them. [Multiple responses accepted]
 Q8. What information is new to you?

There were no subgroup differences to report.

Most said the ads present realistic depictions of dementia

Nearly eight in 10 said the Groceries ad (79%) and the Parking ad (78%) are realistic depictions of a situation involving a person living with dementia. Fewer, but still a majority of 69%, felt this way about the Golfing ad.

Figure 5: Realistic depiction of dementia



Base: respondents aged 40+.

Q9. Based on what you know about dementia, is this a realistic depiction of a situation involving a person living with dementia?

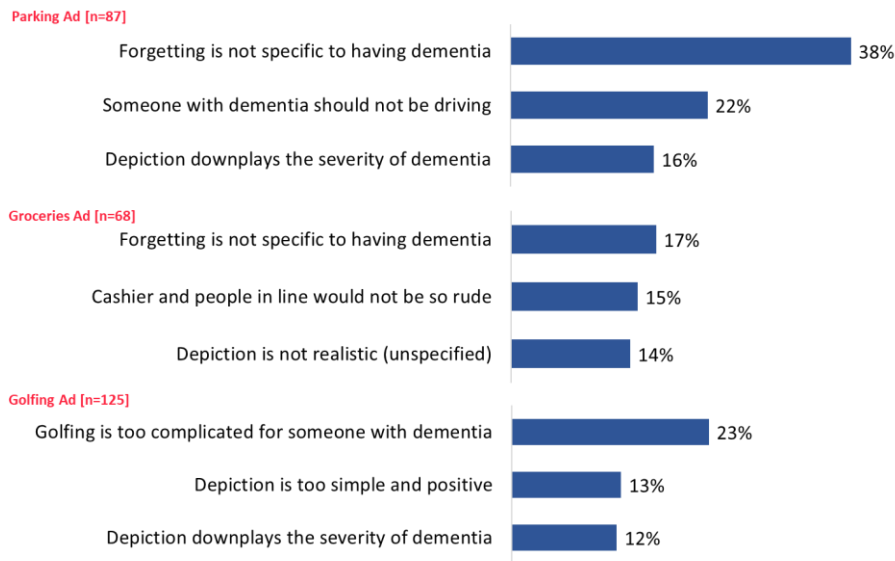
The following subgroup differences are noteworthy:

- Compared to those with little to no knowledge about dementia, those who are moderately or very knowledgeable were more likely to agree that the ads are realistic depictions of situations involving a person living with dementia.
- The likelihood of reporting that the ads are realistic was higher among those who know someone with dementia than among those who do not. For the Parking and Golfing ads, it was also higher among those who care for someone living with dementia compared to those who do not.

Those who said an ad is unrealistic pointed to several reasons

Respondents who said an ad is not a realistic depiction of dementia were asked to explain why. The top three reasons offered for each ad are presented below in Figure 6.

Figure 6: Top reasons for unrealistic depiction of dementia



Base: Respondents who said the ad was not a realistic depiction of dementia. [Multiple responses accepted].
 Q9. Why do you think this is not a realistic depiction?

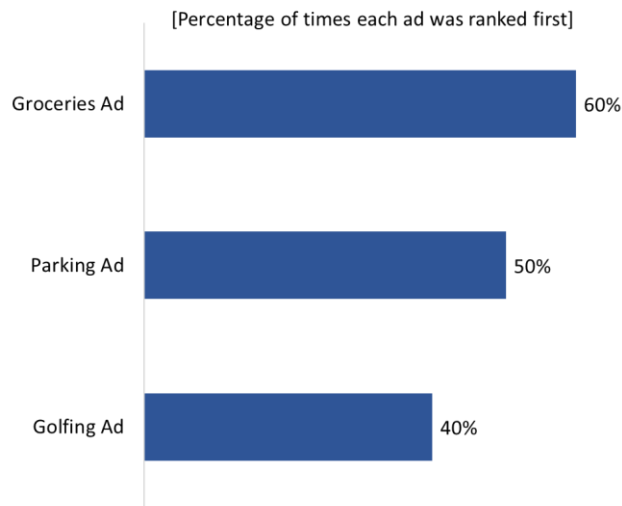
There were no subgroup differences to report.

Respondents most likely to notice and watch the Groceries ad

When asked to rank the stigma ads according to which they would be most likely to notice and watch, six in 10 (60%) ranked the Groceries ad first. Following this, exactly half (50%) would be most likely to notice and watch the Parking ad and, for four in 10 (40%), it was the Golfing ad that ranked first.

Figure 7: Ad Rankings – Notice and Watch

Which of these ads would you be most likely to notice and watch?



Base: n=2,012 respondents aged 40+.
 Q10. Please rank these ads by which you would be most likely to notice and watch.

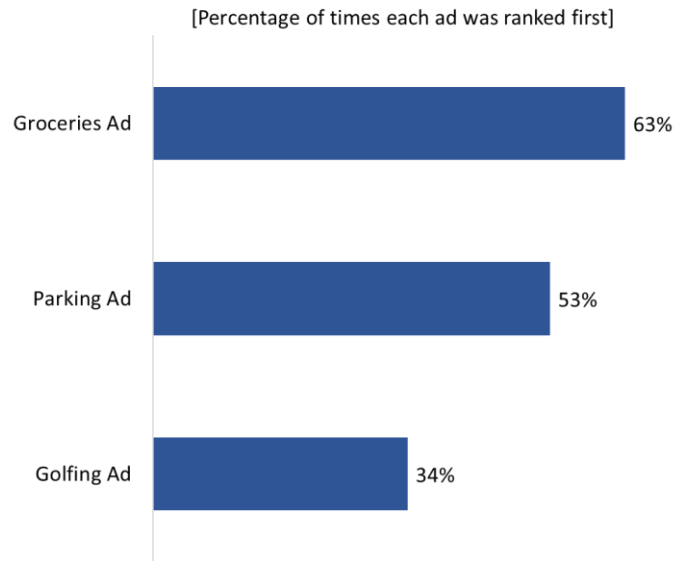
The only subgroup differences of note relate to region. Respondents from Quebec (66%) were more likely to rank the Groceries ad first compared to those from the Prairies (44%) and British Columbia (56%). In contrast, respondents from the Prairies (55%) and British Columbia (59%) were more likely than those from Quebec (45%) to rank the Parking ad as the ad they would be most likely to notice and watch.

The Groceries Ad is most compelling and powerful

The Groceries ad ranked first, followed by the Parking and Golfing ads, when respondents were asked to consider and rank the ads according to which they felt was most compelling and powerful to watch.

Figure 8: Ad Rankings – Compelling and Powerful

Which of these ads is most compelling or powerful?



Base: n=2,012 respondents aged 40+.
 Q11. Please rank these ads by which you feel is most compelling or powerful.

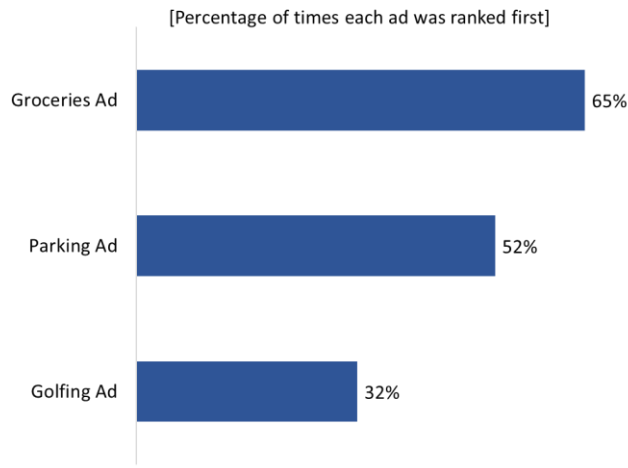
There were no subgroup differences to report.

Groceries ad most likely to make respondents want to know more or change attitude/behaviour

Respondents were asked to rank the stigma ads based on which ad would be most likely to make them want to know more or change their attitude or behaviour. Once again, the Groceries ad ranked first, followed by the Parking and Golfing ads. The Groceries ad was ranked first 65% of the time, the Parking ad 52% of the time, and the Golfing ad 32% of the time.

Figure 9: Ad Rankings – Attitude / Behaviour Change

Which of these ads would be most likely to make you want to know more or change your attitude/behaviour?



Base: n=2,012 respondents aged 40+.

Q12. Please rank these ads by which would be most likely to make you want to know more/change your attitude/behaviour.

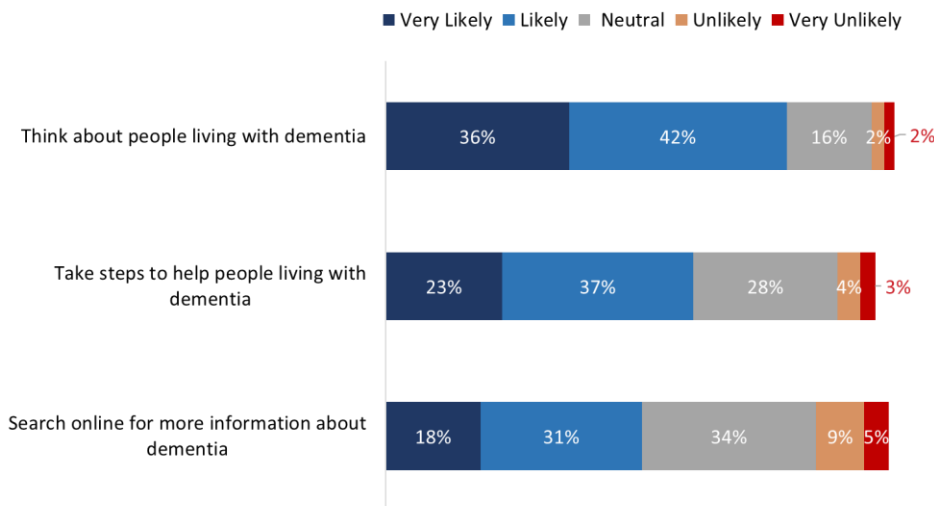
There were no subgroup differences to report.

Stigma ads likely to motivate action

Many think it is likely they will take some type of action after having seen the stigma ads: 78% said they are likely to think about people living with dementia and 60% are likely to take steps to help people living with dementia. Fewer, but almost half (49%), are likely to search online for information about dementia.

Figure 10: Call to action

After having seen these ads, how likely are you to do the following:



Base: n=2,012; respondents aged 40+.

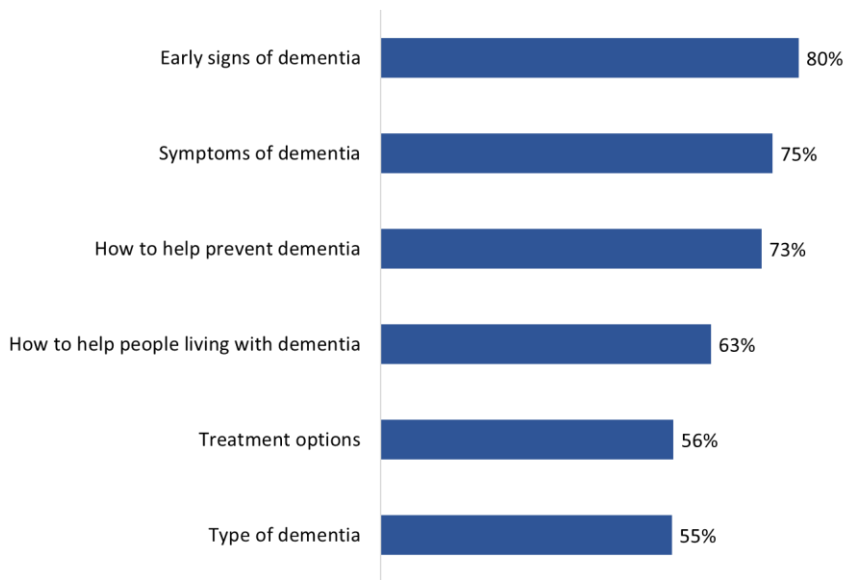
Q13: After having seen these ads, how likely are you to do the following:

Respondents from Quebec were more likely than those from Ontario, the Prairies and British Columbia to have said they would be likely to take steps to help people living with dementia and search online for information about dementia.

Those who will search online will look for a variety of dementia-related information

Those who said it is likely they will search online for information about dementia (n=994) will search for a variety of information about dementia. Respondents were presented with a selection of topics and asked to select the types of information they would look for if searching online for dementia-related information.

Figure 11: Type of information sought



Base: n=994; those who said it's likely they would search online for information
 Q14: What type of information do you think you would look for? [Multiple responses accepted]

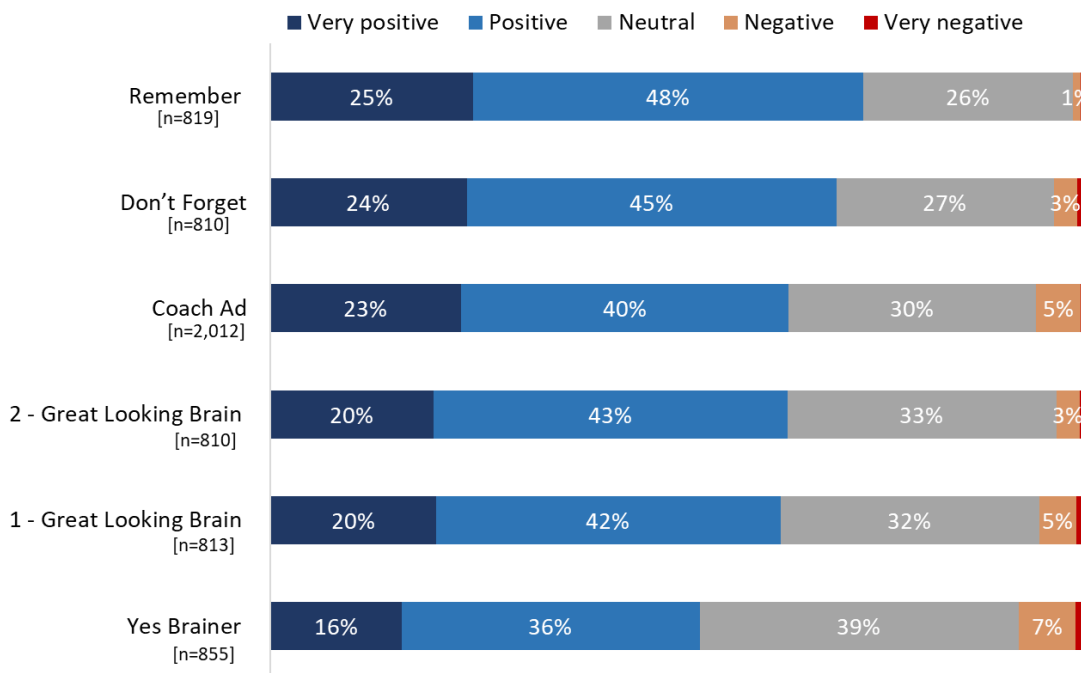
Those aged 66+ were more likely than younger respondents to have said they would search for information on the early signs of dementia (84% versus 77% of 40 to 50 year olds), the symptoms of dementia (79% versus 68% of 40 to 50 year olds), dementia prevention (79% versus 67% of 40 to 50 year olds and 72% of 51 to 65 year olds), dementia treatment options (62% versus 51% of 40 to 50 year olds), and the types of dementia (61% versus 49% of 40 to 50 year olds).

1.2 Review of Prevention Ads

Half or more reacted positively to all ads

Respondents were most likely to react positively to the ads Remember (73%) and Don't Forget (69%), although impressions were more likely to be moderately than strongly positive. Smaller and similar proportions reported having a positive initial reaction to Coach (63%), Great Looking Brain (2) (63%), and Great Looking Brain (1) (62%). Half (52%) said their initial reaction to Yes Brainer was positive. Those who did not respond positively to an ad were more likely to be neutral than to report a negative reaction.

Figure 12: Initial Reaction



Base: respondents aged 40+; [NR: 1% or less].
Q15A. What's your initial reaction to this ad?

For all the prevention ads, the likelihood of reacting positively was higher among respondents who self-identified as knowledgeable or very knowledgeable compared to those with little or no knowledge about dementia.

Noteworthy regional differences included the following:

- Coach: Respondents from Quebec (69%), closely followed by those in Atlantic Canada (68%), were more likely than those in other regions of the country to report a positive initial reaction: 63% of Ontarians, 57% of those from the Prairies, and 59% of British Columbians.
- Great Looking Brain (1): While nearly three-quarters of those in Quebec (73%) reacted positively to the ad, just over half of respondents in the Prairies (54%) shared this view. Moreover, about six in 10 in Atlantic Canada (58%), Ontario (60%), and British Columbia (61%) said their initial reaction to the ad was positive.

- Great Looking Brain (2): Reaction to this ad also varied regionally. While 72% of respondents from Quebec reacted positively to the ad, approximately six in 10 of those in Ontario (61%), British Columbia (60%), and the Prairies (58%) said the same.
- Don't Forget: The likelihood of responding *very* positively to this ad was higher among those from Atlantic Canada (38%) and Quebec (31%) compared to respondents elsewhere in the country (Ontario: 23%, the Prairies: 23%, and British Columbia: 13%).
- Remember: Respondents in Atlantic Canada (85%) were the most likely to say their reaction to the ad was positive.

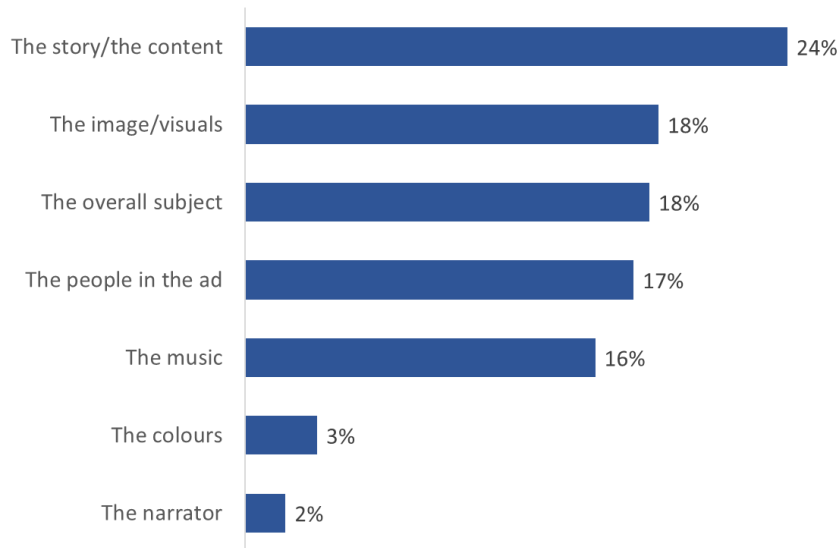
For Yes Brainer, respondents aged 65 or younger were more likely than older respondents to have reacted positively to the ad: 59% of 40 to 50 year olds and 55% of 51 to 65 year olds versus 44% of those aged 66+.

No one element of the Coach ad resonated with a majority of respondents

When asked what about the Coach ad first caught their attention, approximately one-quarter (24%) mentioned the story or the content of the ad. This was followed by the image or visual (18%), the subject matter (18%), the people (17%), and the music (16%). Few pointed to the colours (3%) or the narrator (2%).

Figure 13: Ad qualities – Coach Ad

“What about this ad catches your attention...”



Base: n=2,012 respondents aged 40+; [NR: 2%].
 Q16: What about this ad first catches your attention?

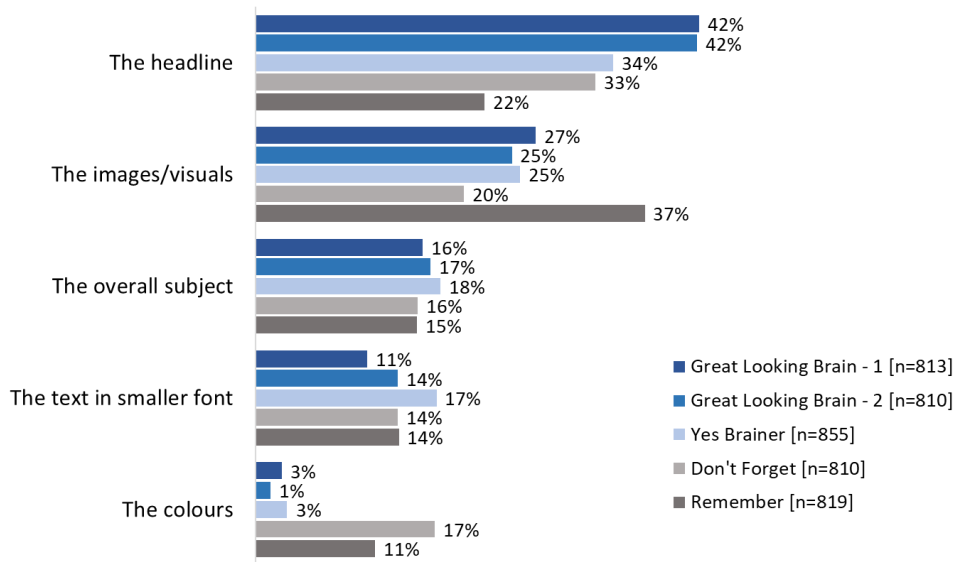
Respondents from Quebec (30%) were most likely to say the story and content of the ad first caught their attention, particularly in comparison to those in the Prairies (23%), Ontario (22%), and Atlantic Canada (18%).

“Great Looking Brain” headline resonates with many, followed by the image in Remember

As was the case for the animatic, Coach, no one element of the five static prevention ads stood out for a majority of respondents. That said, a significant minority (42%) pointed to the headline in large font in the two Great Looking Brain ads. The headline in large font was followed by the image or visual featured in the Remember ad (37%).

Figure 14: Ad qualities – Other Prevention Ads

“What about this ad catches your attention...”



Base: respondents aged 40+; [NR: 2% or less].

Q16: What about this ad first catches your attention?

The following subgroup differences are noteworthy:

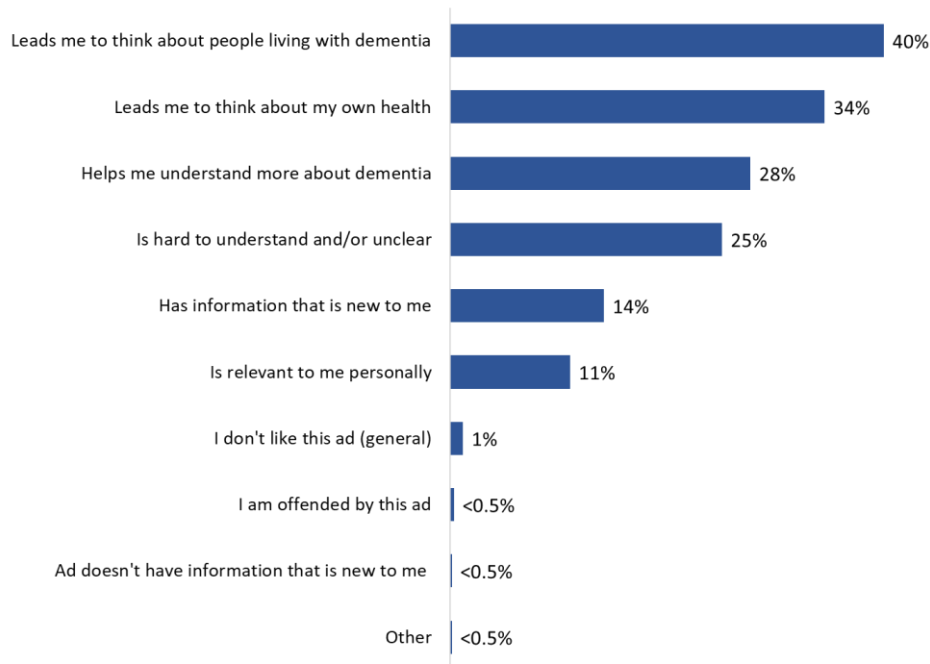
- Great Looking Brain (1): Respondents aged 66 and older (47%) were more likely than other respondents to say the headline in large font first caught their attention, particularly in comparison to adults aged 40 to 50 (35%).
- Great Looking Brain (2): Respondents who do not know someone living with dementia (20%) were significantly more likely than those who know someone (14%) to have said the overall subject of the ad first caught their attention. Regionally, respondents from Quebec (28%) were less likely than those elsewhere in the country to have pointed to the headline in large font: Ontario (45%), the Prairies (47%), and British Columbia (50%).
- Yes Brainer: Respondents who know someone with dementia (37%) were more likely to be drawn to the headline as compared to respondents who do not personally know someone living with dementia (31%). Regionally, respondents in Quebec (20%) were the least likely to have pointed to the large headline font (versus 34% of respondents in British Columbia, 40% in Ontario, and 41% in the Prairies).
- Don't Forget: Respondents 40 to 50 years of age (23%) were more likely than those aged 66+ (15%) to have said the images and visuals first caught their attention.

- Remember: Those aged 66+ (26%) were more likely than those 40 to 50 years of age (17%) to have said that the headline in large font first caught their attention.

Coach ad led many to think about people living with dementia

Four in 10 (40%) said the Coach ad led them to think about people living with dementia and one-third (34%) said it led them to think about their own health. Following this, 28% reported that the ad helped them understand more about dementia, 14% that the ad has new information, and 11% that the ad was relevant to them personally. Notably, one-quarter of respondents (25%) mentioned the ad was hard to understand and /or unclear.

Figure 15: Ad impressions – Coach Ad



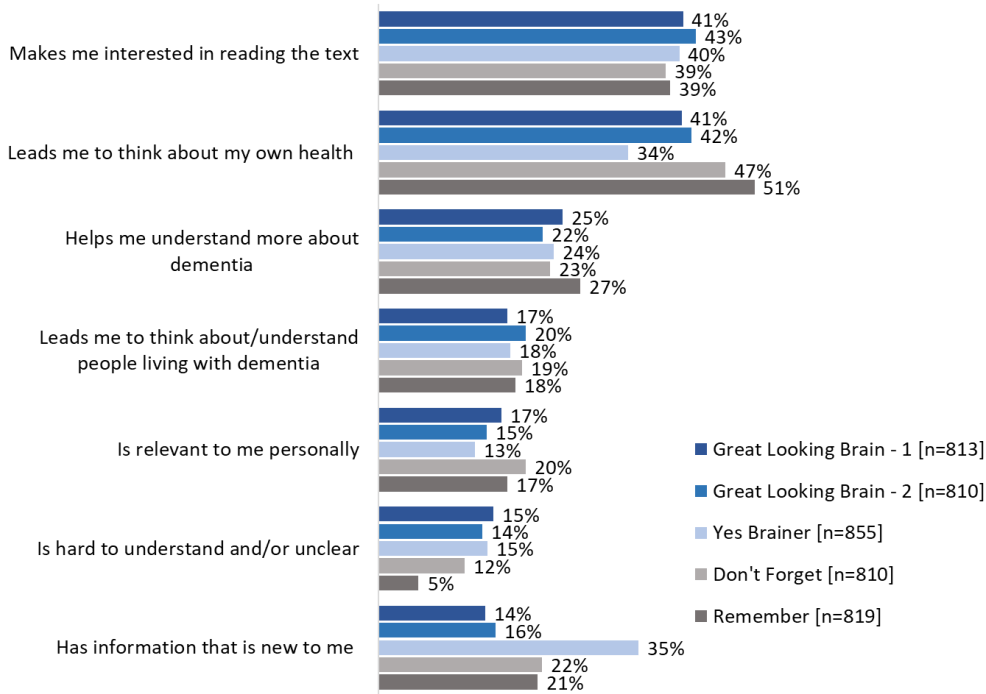
Base: n=2,012 respondents aged 40+. [Multiple responses accepted]. [DK/NR: <0.5%].
 Q17. Please select the statement(s) that best fits your impression of this ad.

Respondents who do not know someone with dementia (17%) were more likely than those who do (12%) to say the Coach ad contains information that is new to them. Moreover, those who are knowledgeable about dementia (18%) were more likely to say the ad was relevant to them as compared to those with moderate (11%) or little to no knowledge (8%) of dementia. In addition, nearly three in 10 respondents (29%) aged 66 and older said the ad is hard to understand or unclear as compared to 22% of those aged 40 to 50.

Static prevention ads interested many in reading the text and thinking about their own health

Much like the animatic, Coach, the static prevention ads were most likely to make people interested in reading the text of the ad and thinking about their own health. The exception was the Yes Brainer ad. For this ad, a notable minority of respondents also reported that the ad contained new information.

Figure 16: Ad impressions – Static Prevention Ads



Base: respondents aged 40+. [Multiple responses accepted]. [DK/NR: 1% or less].
 Q17. Please select the statement(s) that best fits your impression of this ad.

The following subgroup differences are noteworthy:

- Great Looking Brain (1): Respondents who know someone with dementia personally (47%) were significantly more likely than those who do not (34%) to have said the ad made them interested in reading the text.
- Great Looking Brain (2): Three in 10 (30%) respondents who are knowledgeable or very knowledgeable about dementia noted that the ad led them to think about and understand people living with dementia. This is significantly higher compared to those with moderate (15%) or little to no (18%) knowledge about dementia. In addition, those aged 66 and older (49%) were significantly more likely than 40 to 50 year olds (36%) to have indicated that the ad made them interested in reading the text.
- Yes Brainer: Respondents who know someone personally with dementia were significantly more likely to have said the ad made them interested in reading the text (44%), as compared to those who do not know someone living with dementia (35%).
- Don't Forget: Half of those with little to no knowledge about dementia (50%) said the ad led them to think about their own health. This is significantly higher when compared to those who are knowledgeable or very knowledgeable about dementia (40%).
- Remember: Respondents who are knowledgeable or very knowledgeable about dementia were more likely to have said the ad led them to think about and understand people living with dementia (25% versus 15% of those with little or no knowledge) and that the ad was relevant to them personally (28% versus 18% of those with moderate knowledge and 13%

of those with little to no knowledge). Regionally, one in five respondents in Ontario (22%) and Quebec (21%) said the ad led them to think about people living with dementia – this is significantly higher as compared to those in the Prairies (11%) and British Columbia (11%).

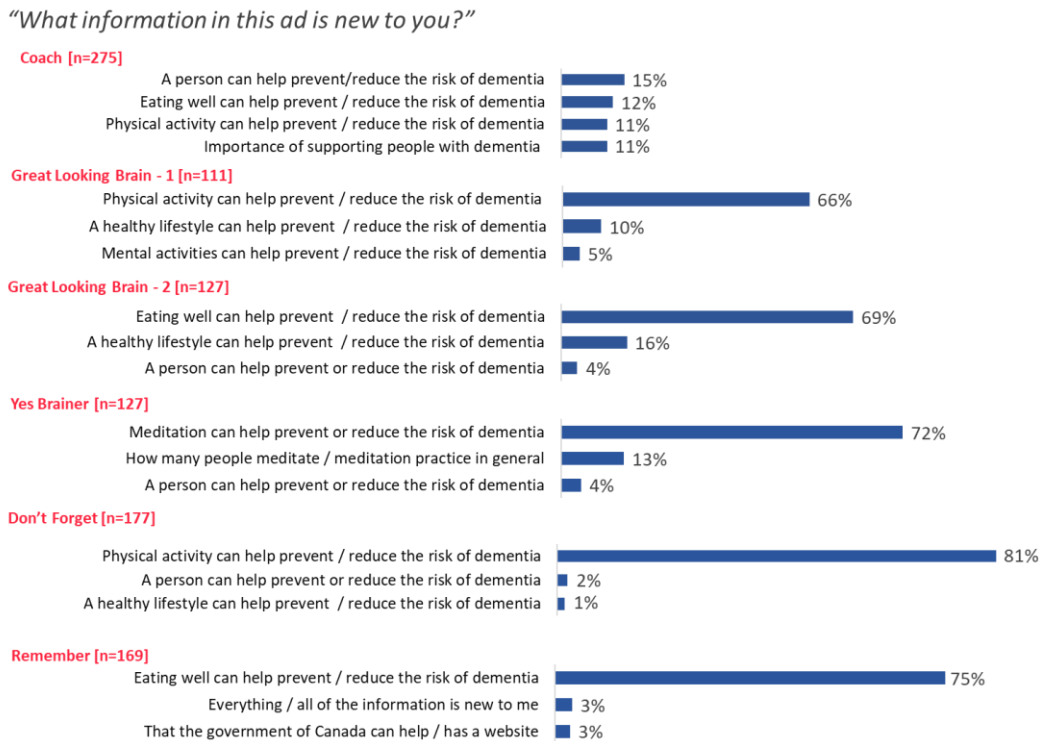
Variety of new information in the ads

When respondents who said the ads had information new to them were asked what is new, a wide variety of things was mentioned. For Coach, 15% said they were unaware a person can help prevent or reduce the risk of dementia in general, 12% did not know eating well can help prevent dementia, and 11% each did not know that physical activity can prevent or reduce the risk of dementia and supporting people with dementia is important.

Among respondents who said the Great Looking Brain 1 and Don’t Forget ads presented information that was new to them, many (66% and 81%, respectively) were unaware that physical activity can help prevent or reduce the risk of dementia.

Among respondents who said the Great Looking Brain 2 ad contained information that was new to them, the majority (69%) were unaware eating well can help prevent or reduce the risk of dementia. In addition, of the respondents who said the Yes Brainer ad contained new information, seven in 10 (72%) were unaware meditation can help prevent or reduce the risk of dementia. Finally, among respondents who indicated the Remember ad contained information that was new to them, three-quarters (75%) were unaware eating well can help prevent or reduce the risk of dementia.

Figure 17: New information – Top Things Mentioned as ‘New’



Base: Respondents who said the ad had information new to them. [Multiple responses accepted].
Q17. What information is new to you?

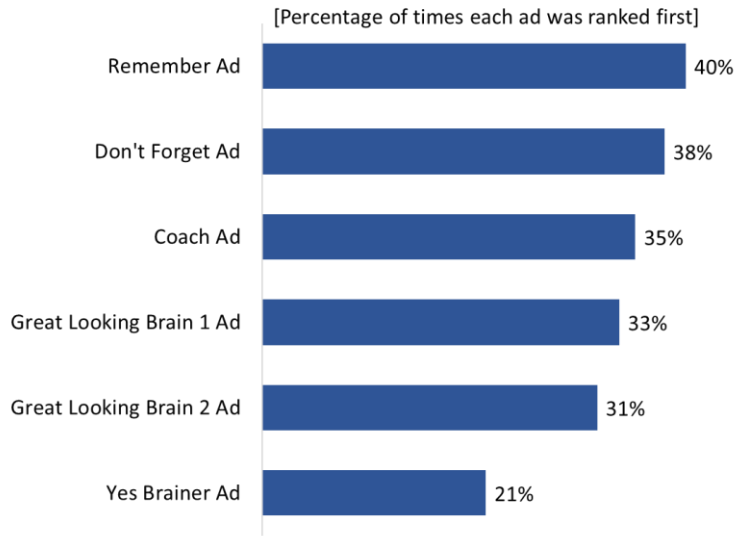
There are no subgroup differences to report due to low base numbers.

Respondents most likely to notice and watch the Remember ad

When comparing the prevention ads, roughly four in 10 said they would be most likely to notice the Remember (40%) and Don't Forget (38%) ads. About three in 10 would notice Coach (35%), the Great Looking Brain (1) ad (33%), or the Great Looking Brain (2) ad (31%). One in five (21%) ranked Yes Brainer first.

Figure 18: Ad Rankings – Notice and Watch

Which of these ads would you be most likely to notice and watch?



Base: n=2,012 respondents aged 40+.
 Q18. Please rank these ads by which you would be most likely to notice.

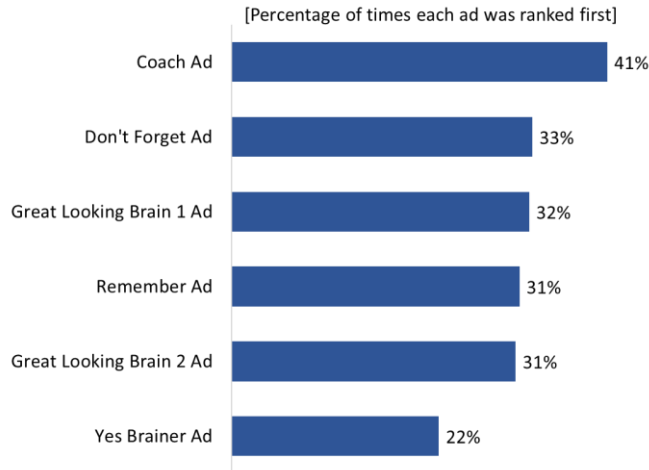
Those aged 66+ (48%) were more likely than younger Canadians (36% of 40 to 50 year olds and 37% of 51 to 65 year olds) to have said they would be most apt to notice the Remember ad. Don't Forget was more likely to resonate with 40 to 50 year olds (42%) than with those aged 51 to 65 (34%), while Great Looking Brain (1) was more likely to be noticed by 51 to 65 year olds (38%) than by 40 to 50 year olds (29%). Regionally, respondents from British Columbia (26%) were the least likely to rank Coach first. Conversely, those in British Columbia, and Ontario, were more likely than respondents from Quebec to have said they would notice the ads Remember and Don't Forget.

Coach ad is most compelling and powerful

Four in 10 (41%) ranked the Coach ad as the most compelling and powerful of the prevention ads, while approximately one in three felt this way about Don't Forget (33%), Great Looking Brain ad (1) (32%), Remember (31%), and Great Looking Brain (2) (31%). At 22%, Yes Brainer was the ad least likely to be considered compelling and powerful.

Figure 19: Ad Rankings – Compelling and Powerful

Which of these ads is most compelling or powerful?



Base: n=2,012 respondents aged 40+.

Q19. Please rank these ads by which you feel is most compelling or powerful.

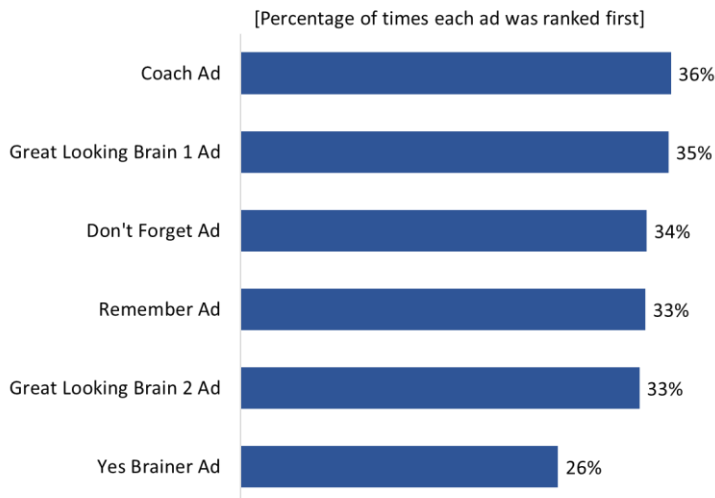
Respondents aged 66+ (39%) were most likely to have ranked Remember first, while those aged 51 to 65 (37%) were most likely to have said Great Looking Brain (2) is the most compelling or powerful ad.

No clear consensus on ad most likely to lead to action or change

When respondents compared the prevention ads based on which is most likely to make them want to know more or change their attitude or behaviour, there was no clear winner. With the exception of Yes Brainer, similar proportions, approximately one-third of respondents, ranked each of the ads as motivators for action or change.

Figure 20: Ad Rankings – Attitude / Behaviour Change

Which of these ads would be most likely to make you want to know more or change your attitude / behaviour?



Base: n=2,012 respondents aged 40+.

Q20. Please rank these ads by which you would be most likely to make you want to know more or change your behaviour.

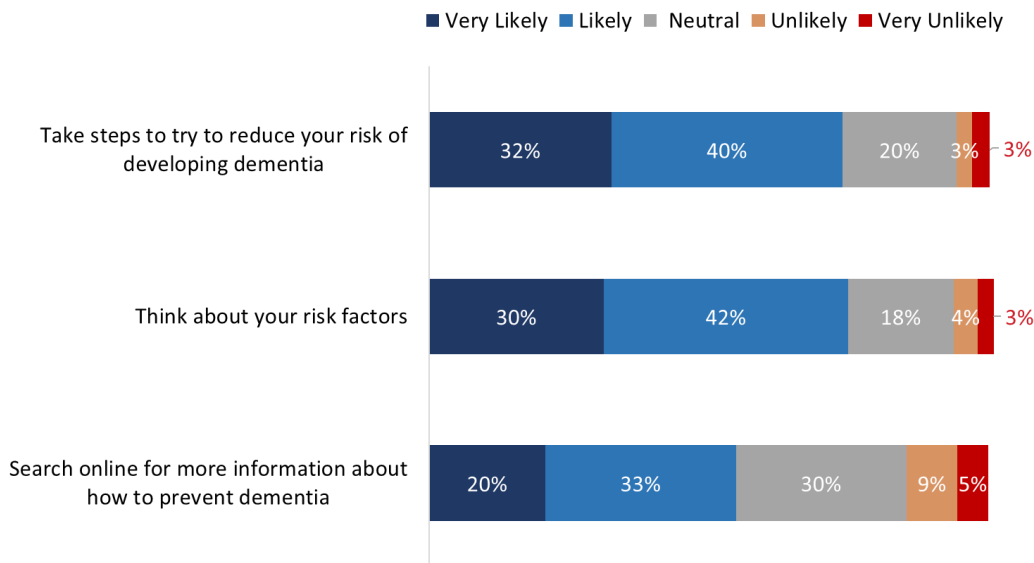
Respondents from Quebec (41%) were more likely than those from Ontario (35%), the Prairies (33%) and British Columbia (31%) to have ranked the Coach ad first. Respondents aged 66+ (42%) were most likely to have ranked Remember first, while those aged 40 to 50 (41%) were most likely to have said Forget is the ad that would make them want to know more or change their attitude or behaviour.

Prevention ads likely to motivate action

Many think it is likely they will take some type of action after having seen the prevention ads: 72% each said they are likely to take steps to reduce their risk of developing dementia and to think about their risk factors for dementia while 53% are likely to search online for information about how to prevent dementia.

Figure 21: Call to action

After having seen these ads, how likely are you to do the following:



Base: n=2,012; respondents aged 40+.

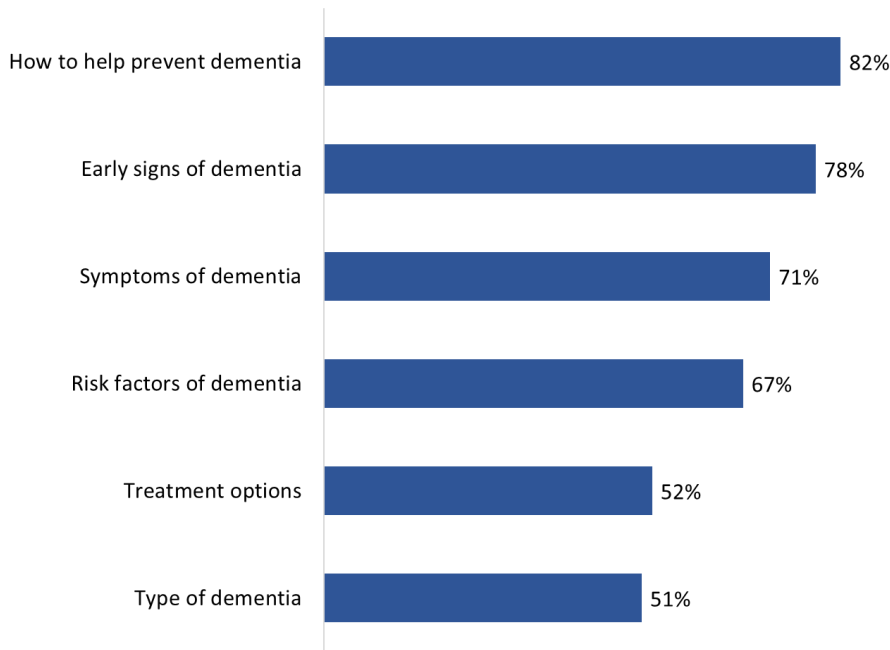
Q21: After having seen these ads, how likely are you to do the following:

Women were more likely than men to have said they are likely to think about their risk factors (76% versus 70%) and to take steps to try to reduce their risk of developing dementia (75% versus 68%). In addition, respondents with a bachelor’s degree or higher were more likely than those with high school or less to have said they are likely to search online for more information about how to prevent dementia (56% versus 49%) and to take steps to try to reduce their risk of developing dementia (74% versus 69%).

Those who will search online will look for a variety of dementia-related information

Those who said it is likely they will search online for information about dementia (n=1,076) will search for a variety of information about dementia. Respondents were presented with a selection of topics and asked to select the types of information they would look for if searching online for dementia-related information.

Figure 22: Type of information sought



Base: n=1,076; those who said it's likely they would search online for information
 Q22: What type of information do you think you would look for? [Multiple responses accepted]

Those aged 66+ were more likely than younger respondents to have said they would search for information on the early signs of dementia (87% versus 72% of 40 to 50 year olds and 77% of 51 to 65 year olds), the symptoms of dementia (77% versus 65% of 40 to 50 year olds and 71% of 51 to 65 year olds), the treatment options for dementia (61% versus 44% of 40 to 50 year olds and 52% of 51 to 65 year olds), and the types of dementia (57% versus 45% of 40 to 50 year olds). In addition, women were more likely to look for information on how to prevent dementia (86% versus 77% of men) and on the risk factors of dementia (70% versus 63% of men).

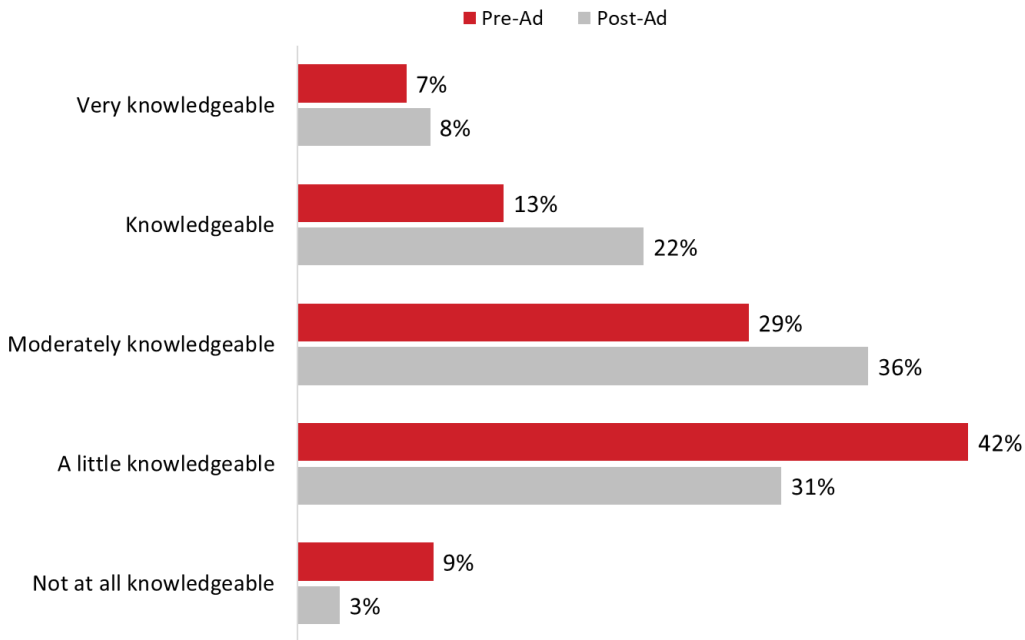
1.3 Knowledge and Attitudes

In addition to assessing the creative concepts, respondents’ knowledge of, and attitudes toward, dementia were explored in the survey. Some of the questions were asked once only, prior to the review of the ads, while other questions were asked before *and* after the ad review. The intent of asking the same questions twice was to create a baseline for knowledge and various attitudes against which to measure changes, if any, post ad presentation.

Many do not feel knowledgeable about dementia

Prior to the ad review, one in five (20%) respondents considered themselves to be knowledgeable or very knowledgeable about dementia. An additional three in 10 (29%) characterized their level of knowledge as moderate. In contrast, half of those surveyed said they have little (42%) or no (9%) knowledgeable about dementia. Following the ad review, self-assessed knowledge increased, with three in 10 (30%) rating themselves knowledgeable or very knowledgeable. In contrast, the proportion of respondents who described themselves as having little or no knowledge about dementia decreased, from 51% to 34%.

Figure 23: Knowledge of dementia



Base: n=2,012; respondents aged 40+.

Q1. / Q23. How knowledgeable would you say you are about dementia? Prefer not to answer: Pre: 0.5% , Post: 0.4%

When asked at the start of the survey, the following subgroups were more likely to have assessed themselves as knowledgeable or very knowledgeable about dementia:

- Respondents who completed college or some university (21%) or a bachelor’s degree or higher (24%) compared to those with a high school education or less (14%).
- Those caring for a friend or family member who has dementia (38%) compared to those who are not caring for someone with dementia (17%).

- Respondents aged 40 to 65 (22%) compared to those aged 66+ (15%).

Respondents from Quebec were the most likely (60%) to have described themselves as only a little knowledgeable or not at all knowledgeable.

Post-ad presentation, the same pattern was reflected in self-assessed knowledge. Those with higher levels of education, those caring for someone with dementia, and those aged 40 to 65 were more likely to have described themselves as knowledgeable or very knowledgeable. Respondents from Quebec were, again, the most apt to rate themselves as not knowledgeable.

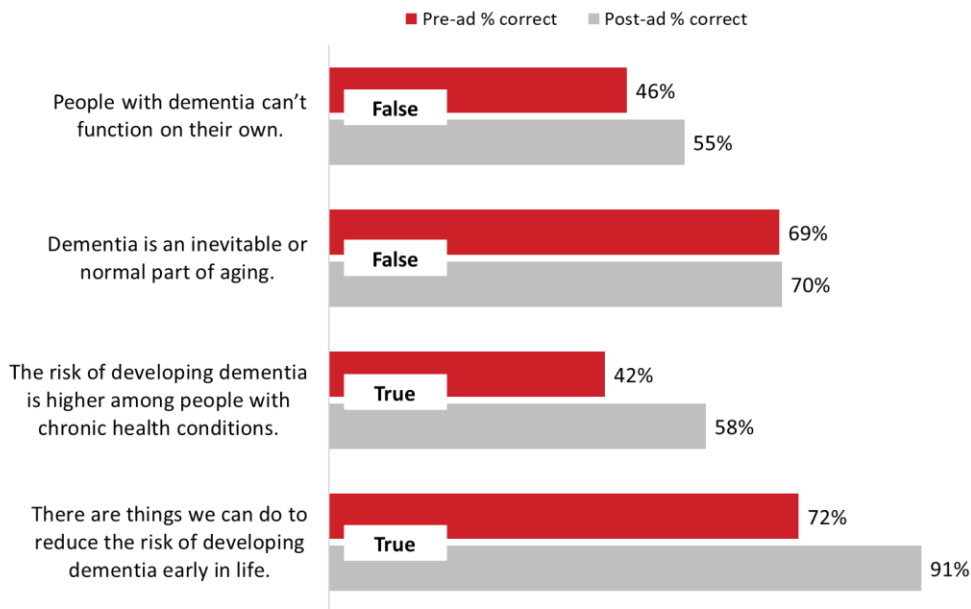
Knowledge of risk reduction and living with dementia increases post-ad intervention

Respondents were asked to indicate whether the following statements about dementia are true or false:

- There are things we can do to reduce the risk of developing dementia early in life.
- The risk of developing dementia is higher among people with chronic health conditions, such as hypertension, heart disease, and diabetes.
- Dementia is an inevitable or normal part of aging.
- People with dementia cannot function on their own.

The statements were presented twice, once prior to the ad presentation, and once after the ad presentation.

Figure 24: Knowledge of risk reduction and living with dementia



Base: n=2,012; respondents aged 40+ Q3 / Q4. To the best of your knowledge, please indicate if each of the following statements is true or false: There are things we can do to reduce the risk of developing dementia early in life.

The proportion of respondents who correctly marked as false the statement, *People with dementia cannot function on their own*, increased following the review of the ads, from 46% to 55%. Knowledge that the risk of developing dementia is higher among people with chronic health conditions increased from 42% pre-ad presentation to 58% post-ad presentation. Prior to the ad presentation, 72% of respondents correctly marked as true the following statement: *There are things we can do to reduce the risk of developing dementia early in life*. Following their review of the ads, 91% of respondents indicated that this statement is true (an increase of 19 percentage points). Seven in 10 correctly reported that the statement *Dementia is an inevitable or normal part of aging* is false (69% pre-ad review and 70% post-ad review).

When it comes to actual knowledge, again, respondents from Quebec tended to set themselves apart from respondents elsewhere in the country. Pre-ad presentation, they were less likely to know that there are things people can do to reduce the risk of developing dementia (62% compared to 78% of respondents from Ontario, 75% from Atlantic Canada, 73% from British Columbia, and 71% from the Prairies) and that the risk is higher among people with chronic health conditions (31% compared to 49% of respondents from Ontario, 45% from British Columbia, 43% from the Prairies, and 41% from Atlantic Canada). In addition, they were most likely to incorrectly believe that dementia is an inevitable or normal part of aging (28% compared to 17% of Ontarians, 15% of Atlantic Canadians, 14% of those from British Columbia and 12% of those from the Prairies) and that people with dementia cannot function on their own (54% compared to 37% of Atlantic Canadians and Ontarians, 34% of those from British Columbia and 32% from the Prairies). Post-ad presentation, the same pattern was evident.

Pre-ad presentation, differences based on age included the following:

- Those over 65 were *less* likely to correctly report that the risk of developing dementia is higher among people with chronic health conditions (37% compared to 48% of Canadians aged 40 to 50 and 43% of those aged 51 to 65) and they were the *most* likely to say they did not know whether or not this statement is true or false (42% compared to 36% of Canadians aged 65 and younger).
- Respondents aged 66 and older were most likely to correctly say that the statement – *People with dementia cannot function on their own* – is false (52% compared 44% of 51 to 65 year olds and 41% of 40 to 50 year olds).
- Those aged 40 to 50 were more likely than older Canadians to incorrectly believe that dementia is an inevitable or normal part of aging (23% versus 18% of those 51 to 65 years of age and 15% of those aged 66+).

Post-ad presentation, the findings were similar. The one noteworthy difference was responses to the statement – *People with dementia cannot function on their own*. Regardless of age, respondents were similarly likely to indicate that the statement is false.

The likelihood of knowing there are things we can do to reduce the risk of developing dementia early in life increased with education, from 65% of those with a high school education or less, to 72% of those who completed college or some university, to 79% of those who completed a bachelor's degree or higher. In addition university graduates were more likely than those with less education to know that the risk of developing dementia is higher among people with chronic health conditions (51% compared to 40% of those who completed college or some university and 35% of

those who completed high school or less). Finally, respondents with primary or secondary level education (40%) were less likely than those who completed college or some university (49%) or a bachelor’s degree+ (47%) to know that the statement – *People with dementia cannot function on their own* – is false. Post-ad presentation, the one noteworthy difference was responses to the statement – *People with dementia cannot function on their own*. Regardless of education, respondents were similarly likely to indicate that the statement is false.

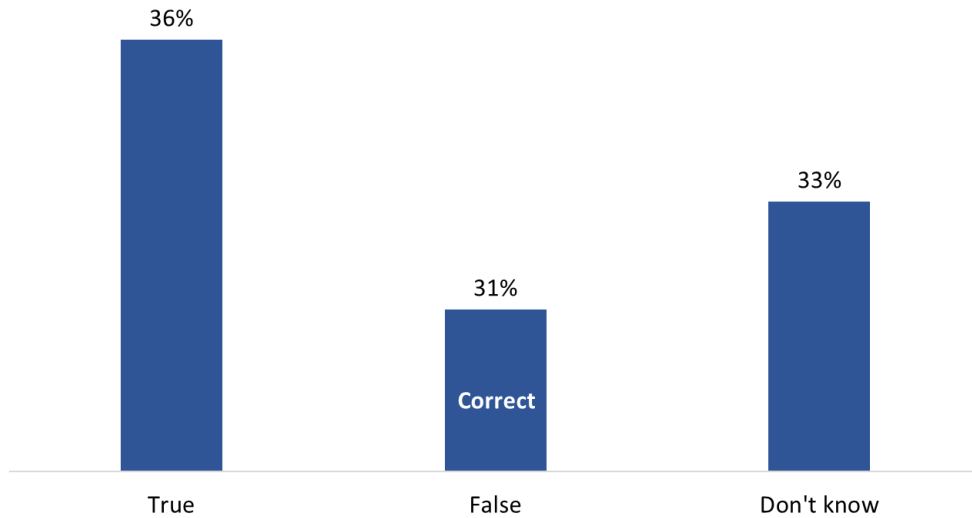
Women were more likely to know that dementia is *not* an inevitable or normal part of aging (71% compared to 67% of men). Post-ad presentation, this difference was not evident. Gender-based differences post-ad presentation included the following: women were more likely to report as true the statement – *There are things we can do to reduce the risk of developing dementia* – and as false the statement – *People with dementia cannot function on their own*.

Pre-ad and post-ad presentation, actual knowledge was generally higher among those who rated themselves as knowledge about dementia, those who know someone living with dementia, and those caring for someone with dementia.

One in three know there is no preventative medication for dementia

Prior to the ad review, respondents were asked to indicate whether the following statement is true or false: *There are medications that can help prevent dementia*. Three in ten (31%) correctly said that the statement is false.

Figure 25: True/False: medications can help prevent dementia



Base: n=2,012; respondents aged 40+
 Q3E. To the best of your knowledge, please indicate if each of the following statements is true or false: There are medications that can help prevent dementia.

The following subgroups were more likely to know that there are no medications that can help prevent dementia:

- Respondents from Quebec (39%), Atlantic Canada (37%), and Ontario (37%) compared to those from the Prairies (28%).

- 40 to 50 year olds (38%) compared to those aged 66+ (32%).
- Those caring for someone with dementia (43% versus 34% of those who are not).
- Those knowledgeable (42%) or moderately knowledgeable (39%) compared to those with little to no knowledge (31%) about dementia.

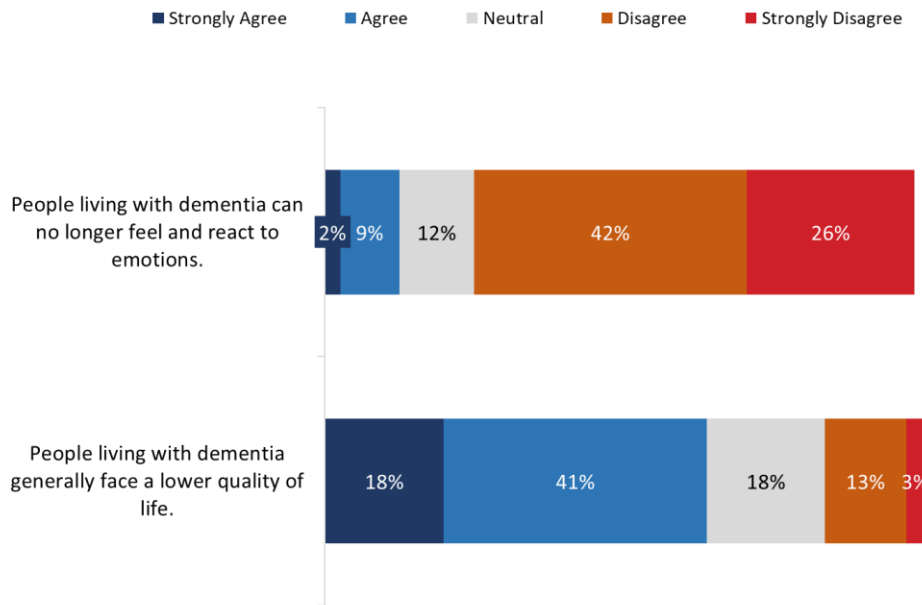
Majority believe those with dementia feel and react to emotions and face a lower quality of life

Prior to the ad presentation, respondents were asked to indicate to what extent they agree or disagree with the following statements:

- People living with dementia can no longer feel and react to emotions.
- People living with dementia generally face a lower quality of life than people without dementia.

Just over two-thirds (68%) of respondents believe that people living with dementia *can* feel and react to emotions (i.e., they disagreed with the statement). In addition, many (59%) think people living with dementia generally face a lower quality of life as compared to those not living with dementia.

Figure 26: Knowledge about living with dementia



Base: n=2,012; respondents aged 40+. Don't know: 8% and 7%, respectively Q4A,B. To what extent do you agree or disagree with the following...?

The likelihood of agreeing that people living with dementia face a lower quality of life was higher among respondents from Quebec (65%) compared to those from Ontario (58%) and the Prairies (57%), those who completed a bachelor's degree+ (65%) compared to those who completed high school or less (57%) and those who completed college or some university (56%), and men (64%) compared to women (55%).

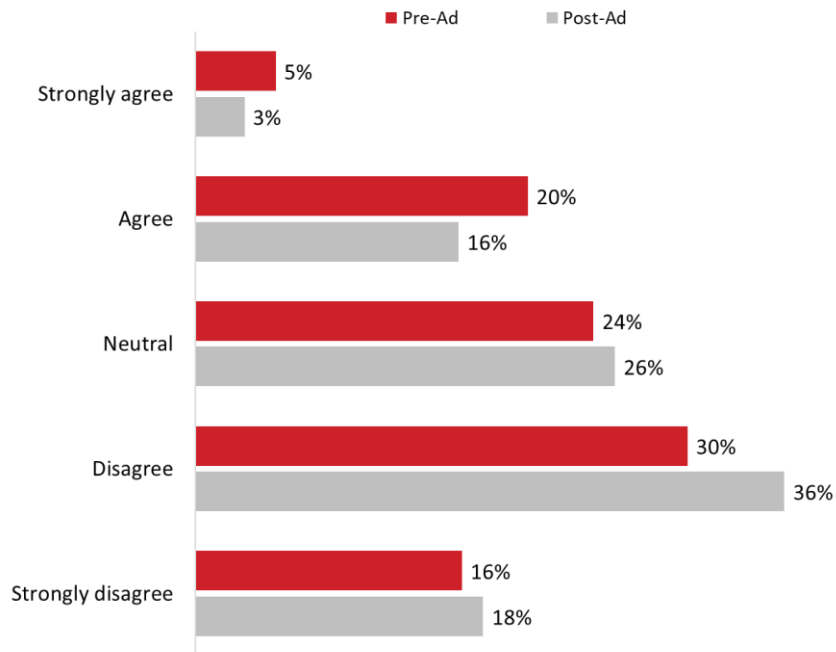
The likelihood of disagreeing that people living with dementia can no longer feel and react to emotions was higher among respondents from the Prairies (77%) compared to those from British Columbia (68%), Ontario (67%), and Quebec (65%), those aged 66+ (72%) compared to those aged 40 to 50 (65%), those who completed college or some university (72%) or a bachelor’s degree+ (69%) compared to those who completed high school or less (63%) and women (73%) compared to men (63%).

Proportion comfortable interacting with someone with dementia increased post-ad presentation

Prior to the ad review, 46% of survey respondents reported that they would be comfortable interacting with someone living with dementia – that is, they disagreed with the statement: *I would feel uncomfortable interacting with someone living with dementia because I am not sure how to talk to or support/help the person*. Post-ad presentation this increased to 54%.

Figure 27: Level of comfort interacting with someone living with dementia

Agree/Disagree: *I would feel uncomfortable interacting with someone living with dementia because I am not sure how to talk to or support/help the person*



Base: n=2,012; respondents aged 40+; Don’t know pre-ad (5%) / post-ad (2%)
 Q4C / Q25. *I would feel uncomfortable interacting with someone living with dementia because I am not sure how to talk to or support/help the person*

Respondents from Quebec were the most likely to say they would feel uncomfortable interacting with someone living with dementia (35% compared to 25% of Ontarians, 20% of those from British Columbia, 19% of those from the Prairies and 17% of Atlantic Canadians). Compared to women (20%), men (30%) also were more likely to feel this way. Post-ad presentation, the subgroups findings were similar.

1.4 Demographics

The characteristics of survey respondents are provided in the table below.

Know someone living/has lived with dementia	Percentage of the survey sample
Yes, an extended family member	24%
Yes, a parent	23%
Yes, a friend	13%
Yes, a neighbour	6%
Yes, patients	4%
Yes, my spouse/partner	3%
Myself	2%
Yes, a colleague at work	1%
Yes, a friend's parents or family	1%
Someone else	<0.5%
Do not know someone living/has lived with dementia	40%
Prefer not to answer	1%
Caregiver for a family member or friend living with dementia	
Yes	14%
No	84%
Prefer not to answer	2%
Highest level of formal education	
Less than a High School diploma or equivalent	3%
High School diploma or equivalent	23%
Registered Apprenticeship or other trades certificate or diploma	6%
College, CEGEP or other non-university certificate or diploma	26%
University certificate or diploma below bachelor's level	5%
Bachelor's degree	26%
Post graduate degree above bachelor's level	11%
Prefer not to answer	1%
Household Income	
Under \$20,000	6%
Between \$20,000 and \$39,999	19%
Between \$40,000 and \$59,999	17%
Between \$60,000 and \$79,999	16%
Between \$80,000 and \$99,999	12%
Between \$100,000 and \$149,999	15%
\$150,000 or above	7%
Prefer not to answer	9%
Language spoken most often at home	
English	77%
French	22%
Cantonese / Chinese / Mandarin	1%
Other	2%
Prefer not to answer	<0.5%

Age	Percentage of the survey sample
40 to 45	15%
46 to 50	13%
51 to 59	26%
60 to 65	15%
66 to 69	9%
70 or older	22%
Gender	
Male	48%
Female	52%
Other	<0.5%
Region	
Newfoundland and Labrador	2%
Prince Edward Island	<0.5%
Nova Scotia	3%
New Brunswick	2%
Quebec	24%
Ontario	38%
Manitoba	4%
Saskatchewan	3%
Alberta	10%
British Columbia	14%
Territories	<0.5%

2. Focus Group Findings

This section of the report presents the results of the 16 virtual focus groups conducted with participants from St. John's, Montreal, Toronto, and Winnipeg.

2.1 Views on Dementia

In advance of the review of advertising materials being considered for a public awareness campaign about dementia, participants were asked various background and contextual questions about dementia. A range of issues were explored including perceptions about dementia, experience, and perceptions regarding interactions with persons with dementia, prejudices and stigmas affecting persons with dementia and challenges faced by them, and information about dementia either sought or considered important. Some issues were explored with specific audiences, and some were explored with all participants.

Dementia routinely associated with memory loss and the elderly/older people

Participants had no difficulty bringing to mind things they associate with the term dementia. A variety of things came to mind, but the two identified most often were memory loss and elderly/older people.⁵ Along with loss of memory other types of loss routinely identified included loss of independence, loss of abilities/skills, loss of control, and loss of self. The term also brought to mind a variety of other signs or effects of the condition on the person suffering from it, including lack of comprehension, non-responsiveness, disorientation/confusion, frustration, paranoia, and helplessness. For some, dementia immediately brought to mind Alzheimer's disease.

Some described the impact of the disease, emphasizing its severity and the hardships it imposes on family members, using the expressions 'very sad', 'heart breaking', 'cruel', 'the worst of illnesses', 'life-altering', 'it tears families apart', 'it impacts the entire family', and 'it is harder on the family than the patient'. For some the term brought to mind measures required to deal with it, specifically long-term care, 24/7 care, and a care home/residence, and for others it brought to mind a family member stricken with it, usually a parent or grandparent.

Given what dementia brought to mind, it is perhaps not surprising that most of these participants said that dementia is something that worries or concerns them at least to some extent⁶.

Knowing someone with dementia contributes to comfort interacting with persons with dementia

Approximately half of these participants said they personally know someone living with dementia. Most adult Canadians 25 and older and Canadians 40 and older at higher risk of developing dementia, especially those who said they know someone or have known someone living with dementia, characterized themselves as at least somewhat comfortable communicating or

⁵ Only one participant reacted to the term dementia by observing that it is not age-related.

⁶ The question: 'Is dementia something that worries or concerns you?' was introduced following the first set of groups in Toronto.

interacting with someone living with dementia⁷. The main factor underlying comfort in this regard was familiarity or experience, specifically of the following type:

- familiarity/experience with a person or persons with dementia, some specifying that they would be more comfortable interacting with people they know than ones they do not;
- familiarity/experience with the signs/symptoms of dementia and ways in which dementia manifests itself;
- familiarity/experience with people who have a cognitive issue or a mental health condition (e.g. autism); and
- familiarity/experience working/interacting with elderly people.

A few attributed their comfort in this regard to patient, compassionate, or understanding people.

Among participants who expressed some lack of comfort communicating or interacting with someone living with dementia, some attributed this directly to lack of exposure to/acquaintance with anyone with dementia, while tended to qualify their lack comfort, explaining that it would depend on the circumstances. Such circumstances included the following:

- how well they knew the person in question, e.g. a relative vs. a stranger;
- the severity of the person's condition/how dementia is manifesting itself, e.g. are they forgetful, delusional, aggressive, panicking;
- the volatility of the person in question, e.g. are they erratic, subject to mood swings; and
- the circumstances/context of the encounter, e.g. visiting an elderly person at home vs. encountering one wondering alone and confused on the street.

Calm, patience, understanding, and respect: best ways to interact with persons with dementia

Adult Canadians 25 and older and Canadians 40 and older at higher risk of developing dementia were asked what they think would be the best way to communicate and interact with a person living with dementia. In response, they usually emphasized the need to be calm, patient, and understanding, and the importance of treating people living with dementia with respect. Examples of what this entailed included the following:

- being non-confrontational, e.g. not arguing, not forcing the person to try to remember things or timelines;
- taking one's cues from the person in question, e.g. allowing them to lead the conversation, and following wherever they want to take the conversation; and
- not side-lining them in gatherings, e.g. actively engaging them, addressing them by name, listening to them, and not assuming that they never understand because they forget things or get confused.

Some suggested that there are no hard and fast rules and that the way to interact often depends on specific circumstances.

These same participants were then asked specifically how they would react if they found themselves in line at an ATM, where a person with dementia at the ATM in front of them was struggling with his/her bank card, was clearly confused, and beginning to be agitated. Participants

⁷ The question 'How comfortable are you communicating and interacting with a person living with dementia?' was not asked to front-line workers in the service sector.

typically said they would react in one of two ways. One way was to go into the bank, explain the situation, and ask an employee to come out and assist the person in question. The other was to approach the person in question and ask them if they need or would like help or assistance from them or from someone in the bank. There were occasionally slight variations on these approaches such as introducing oneself to the person in question or asking them if there was anyone they would like to call or contact.

Approximately half of front-line staff workers believe they have interacted with persons with dementia

Approximately half the front-line staff workers in the service industry said they think or know that they have interacted with clients or customers who have dementia in the course of their job-related responsibilities. Reasons why they know or suspect this included the following:

- clients/customers repeating themselves, having difficulty communicating, or asking the same question repeatedly;
- odd behaviour, e.g. placing the same order twice/duplicating orders, trying to effect large money transfers from their bank accounts;
- forgetfulness, e.g. forgetting a PIN or who is jointly on their bank account, having to write everything down);
- confusion/disorientation, e.g. not knowing where they are going when using public transit, exhibiting poor spatial relations in terms of where to go/how to proceed;
- sudden expressions of frustration or irritability;
- blank facial expressions;
- being accompanied by helpers/caregivers;
- family members/relatives informing them; and
- an intuitive sense/feeling, based on experience serving older people.

Front-line workers usually said this awareness affects interaction with such clients or customers in two ways. One is that they try to be more patient and understanding (though a few said that dealing with clients who have dementia can be frustrating at times). The other way in which this awareness affects interactions is to heighten their awareness, specifically by making them more alert, vigilant, and attentive.

Many front-line workers said they feel relatively well-equipped on a personal level to deal with persons with dementia, mainly as a result of on-the-job experience. Some explained that they are personally familiar with certain clients suffering from dementia and that knowledge of this sort is shared within the organization in order to increase general awareness of dementia and customers or clients with dementia. While some felt that they were not well-equipped at the institutional level, e.g. there is no training on dealing with clients/customers with dementia, others felt that dealing effectively with clients with dementia is less a matter of implementing rules and regulations and more a matter of exercising judgment in specific situations/circumstances.

Most participants have never sought information about dementia

Most of these participants, i.e. adult Canadians 25 and older, Canadians 40 and older at higher risk of developing dementia, and front-line staff workers in the service industry, said they have never looked for information about dementia. Those who said they have sought information typically looked for it online, using a search engine (Google). Specific online sources/sites consulted for

information included YouTube, the Mayo Clinic, the Alzheimer's Society of Canada, and Web MD. Other sources included their own physician/MD, and an encyclopedia.

Participants have sought or would like to know a variety of things about dementia

Participants who have looked for information about dementia were asked what they looked for, while those who have not looked for information were asked what they would want to know. In both cases, the type of information was similar and fell into the following categories:

- causes of dementia/contributing factors, e.g. heredity vs. environmental factors, medications that might cause dementia;
- signs/symptoms of dementia;
- how dementia affects the brain;
- progression of the condition, e.g. how/why it progresses, various stages, sundowning;
- treatment of the condition, e.g. ways of slowing its progression, avoiding triggers;
- ways of avoiding/preventing dementia;
- strategies/resources for dealing with dementia, e.g. how to help/interact with someone with dementia, strategies for coping, resources for caregivers;
- statistics on dementia, e.g. the likelihood of getting it, numbers of people with it; and
- general information on how dementia affects those who have it and their families.

Things persons with dementia and caregivers wish they had known prior to being in their situation range from awareness of symptoms to impact on their lives

Persons with dementia and caregivers were asked if there was anything they learned as a result of their condition or as a result of caring for someone with dementia that they wish they had known before being in their situation. The types of things they identified included the following:

- awareness of signs/indicators of dementia, a few adding that this would have allowed them to look for resources about dementia sooner;
- the ways in which the illness progress/its various stages;
- types of supports/resources available both for persons diagnosed with dementia and caregivers;
- a better sense of the impact dementia can have on caregivers and persons diagnosed with it; and
- a better sense of the degree to which patience is required in caregivers.

While a few caregivers said that the more one knows in advance the better prepared one is, one caregiver said that caring for someone with dementia is not really something one can prepare for in advance because one learns to deal with it by trial and error and the situation can change day-to-day. One participant diagnosed with dementia identified mood swings/changes as something he/she would have liked to know about in advance.

Variety of daily challenges faced by persons with dementia

Persons with dementia and caregivers identified various kinds of daily challenges or obstacles faced by people living with dementia. They included the following:

- loss of memory, for example when they last ate. One caregiver observed that this happens regularly to his/her mother, and that he/she addresses this by taking pictures of his/her mother eating in order to prove to her that she has just had a meal;
- obstinacy, e.g. refusal to eat, as well as outbursts of aggressiveness, confusion, or frustration, linked by one caregiver to the phenomenon of sundowning;
- uncertainty/unpredictability associated with the condition, e.g. seeming fine or doing well one day and the opposite the next, with no apparent rationale;
- forgetting how to do simple or routine things, e.g. how to brush one's teeth;
- suspicion/paranoia, e.g. suspecting that they are being stolen from;
- loss of autonomy/requiring assistance with basic needs related to health and personal hygiene;
- dangers to their safety, e.g. wandering, stumbling, bumping into things, injuring themselves;
- aphasia; and
- loss of friends/companionship.

One participant diagnosed with dementia specifically identified aphasia and confusion as challenges.

Many important things Canadians need to know about dementia

According to caregivers and persons with dementia, the following are among the most important things Canadians in general need to know about dementia:

- how to care for persons with dementia, including recognizing that caring for them requires patience, empathy, and compassion;
- persons with dementia are still people who should be treated with dignity, respect, and not be marginalized;
- how to reduce the likelihood of getting dementia;
- recognizing early signs of dementia, while understanding that there may be no warning signs;
- dementia is a disease that gets progressively worse and preparing for this;
- dementia can happen to anyone;
- the impact caring for someone with dementia can have on the caregiver(s), including recognizing that caring for someone with dementia is a full-time job;
- basic data/statistics on dementia, e.g. who is more likely to get it/susceptible to it; and
- acquainting oneself with tools and resources available for those dealing with dementia, including those who have it and those caring for them.

Widespread impression that most people do not know how to interact with persons with dementia

Most participants, a majority in every group, think that most people in the community do not know how to properly interact with people living with dementia. The most frequently given reasons to explain this impression were lack of understanding/knowledge of the condition, and fear/apprehension of it, with some adding that people often fear what they do not understand. Some attributed the lack of understanding about how to interact with people living with dementia to a general lack of comfort interacting with people perceived as 'not normal' or affected by any kind of mental illness.

Examples of how this lack of understanding manifests itself ranged from losing patience or getting frustrated with persons with dementia (sometimes linked to inability to recognize signs of

dementia), to being apprehensive/uncomfortable in their presence, to ignoring them/trying to avoid them, to being overly cautious/self-conscious when interacting with them. As an example of the latter, one caregiver observed that people sometimes assume that one should speak very slowly to a person with dementia, thinking that this will help when in fact it does not help at all.

In the course of this discussion some participants, particularly caregivers, added that their impression that people in the community do not know how to interact with people living with dementia was not a criticism because such understanding can only be acquired through experience interacting with people with dementia.

Lack of understanding/ignorance - main prejudice affecting persons with dementia

While many participants identified negative attitudes and beliefs associated with dementia that might adversely affect the lives of people living with that condition, they most often focussed on the factor most likely to lead to their prejudicial treatment: lack of understanding or ignorance about the condition. Negative attitudes or perceptions identified most often included the impression that persons with dementia are 'crazy' or 'out of their minds/'mentally ill' and that they are no longer competent or productive members of society. Other stigmas or prejudices included the following:

- persons with dementia are all affected in the same way;
- dementia only affects the elderly;
- persons with dementia are a constant burden/require constant care and attention;
- persons with dementia are prone to outbursts/aggressive behaviour; and
- persons with dementia are constantly confused, do not remember anything, and do not understand what is happening around them.

The main consequence of such prejudices is that people with dementia are devalued, marginalized, de-humanized, and treated as invisible. As an example of the latter, one caregiver said that when he/she takes his/her parent suffering from dementia to a medical appointment, the attending physician never talks to the parent, instead speaking about them as if they are not even present.

While most prejudices or stigmas result in negative treatment and perceptions of persons with dementia, it was also suggested by a caregiver that lack of understanding can also result in downplaying the significance of the illness, especially among people who do not interact regularly with persons with dementia may be prone. Examples included the impression that dementia is something occasional, that comes and goes, and is therefore not that serious, as well as the assumption that dementia is simply forgetfulness, something all people are subject to, especially as they grow older.

2.2 Review of creative concepts

The advertising materials considered for a public awareness campaign about dementia that were reviewed by participants focussed on two themes: stigma reduction and dementia prevention. For the theme of stigma reduction, participants were shown three animated storyboards: Parking, Groceries, and Golfing. For the theme of prevention, participants were shown one animated storyboard (Coach) and four static images: Great looking brain⁸, Yes Brainer, Don't Forget, and Remember⁹. Participants were informed that the animated storyboards could eventually appear as ads on TV or as videos on social media, and that the static images could be used as posters, billboards, or banners on websites.

The order of presentation always began with the stigma reduction ads followed by the prevention ads, but the order of the presentation of the ads within each set was rotated across groups. Following the presentation of each ad, and prior to the group discussion, participants answered the following three questions using a 4-point scale (1=Not at all, 2=To a small extent, 3=To a moderate extent, 4=To a great extent): To what extent does the ad do the following: grab your attention; provide a message that is clear and easy to understand; and elicit an emotion, whether that is sadness, joy, fear, anger, etc. (stigma ads) / make you want to learn more (prevention ads).

Stigma ads

Parking

Overall positive impressions of ad

Overall impressions of this ad tended to be positive. The ad was routinely described as attention-grabbing and easy to relate to because it depicts a common experience, i.e. forgetting where one has parked one's car. Emotions most often elicited by this ad were empathy and sympathy, but other reactions or feelings elicited by it included sadness, a desire to help, and a sense of the individual's fear, frustration, and despair. Caregivers were more likely to emphasize the impact of the ad. This included describing the intensity of their reaction with qualifiers such as 'strong', 'heightened', 'feeling goosebumps', and describing the after effect of the ad, specifically continuing to think about the situation depicted and what might happen to someone in that situation.

Other positive reactions to the ad were based on the following:

- depicting the person with dementia as middle-aged because it breaks the stereotype that dementia only strikes the elderly;
- the voiceover ("Imagine this happening to someone every day...");
- the call to action, particularly the reference to helping people with dementia.

Participants who did not react positively to the ad were more likely to be neutral than critical, though both neutral and critical reactions tended to be elicited by the same aspect of the ad: use of a common experience to depict dementia. While many reacted positively to this because it made the ad easy to relate to, some felt that using the common experience of forgetting where one has parked makes the ad less forceful and less memorable. A few participants even specified that the ad elicited little or no emotional reaction for this reason. Others were more critical, feeling that the

⁸ There were two executions of this ad, but only one version was presented in each group.

⁹ The 'Don't Forget' and 'Remember' ads were variations on a theme, and both versions were presented in every group.

focus on this common experience downplays the significance of dementia by re-enforcing a common misconception that it is primarily about forgetfulness.

A few participants explained that they reacted neutrally or indifferently to the ad in part because they were unclear about the target audience and the link to any stigma about dementia.

Message typically described as clear and easy to understand

Participants routinely described this ad as clear and easy to understand. While it was often noted that what the ad is about only becomes clear with the voiceover, it was also suggested that the ad sustains one's attention until the message is clear. The message in this ad, or aspects of the messaging, identified most often included the following:

- dementia can happen to anyone;
- people with dementia have to live with its effects constantly;
- dementia invades one's day-to-day life;
- this is what dementia feels like;
- this is an example of the toll dementia takes on those suffering from it.

For some participants, one aspect of messaging in this ad concerns signs of dementia. Some felt that the message, or part of it, is to be attentive to early sign of dementia, specifically forgetfulness. Others who did not agree nonetheless understood how someone might think this, occasionally adding that such an impression might alarm some people by making them think that a poor memory is a sign that one has dementia. For their part, a few caregivers described the messaging in this ad as poor because they think it reinforces a stereotype that dementia is primarily about memory loss.

Ad described as realistic, credible, and appropriate

There was virtual unanimity that the situation depicted in this ad is credible and realistic. Reasons given to explain why included the following:

- the ad shows that dementia can strike anyone;
- it shows how dementia invades day-to-day life, can strike any time, and takes an emotional toll;
- the shift from normality to confusion is well depicted and accurate, i.e. it can happen very quickly;
- the ad allows the viewer to share or imagine the feelings of the person depicted, i.e. her confusion, frustration, fear, despair.

A few participants who described the ad as credible and realistic added the following caveats or qualifications:

- the ad is credible and realistic, but its focus on memory loss gives false impression that forgetfulness is the main or only feature of dementia;
- while credible and realistic, one would expect this type of scenario to happen to an older person.

Only one participant expressed scepticism about the credibility or realism of this ad based on the impression that it was not plausible that someone who repeatedly forgot where they parked would still be driving.

There was unanimity that the tone of the ad is appropriate, i.e. that there is nothing disturbing or offensive in it.

Limited motivation to learn more about dementia

Most participants said that this ad did not motivate them to want to learn more about dementia and people living with the condition. The following reasons were given to explain why:

- Dementia is not depicted in a way that concerns or impact them in a meaningful way. With this in mind, it was sometimes noted that forgetting where one parks their vehicle can happen to anyone, not just someone with dementia.
- There is no new information motivating them to follow-up in any way, with some adding that the ad associates dementia with memory loss which they already know.
- At this point in their lives, they are not closely connected to someone living with dementia so there is no real incentive or motivation to look for such information.
- There is nothing particularly dramatic or shocking about the ad because dementia is being associated with a relatively common experience.
- The call to action is not strong.

Participants who said that the ad did motivate them to look for more information provided the following reasons to explain why:

- they can relate to the ad because it focuses on a common experience, and as a result they feel targeted;
- they can imagine a relative with dementia, e.g. a parent or grandparent, in this situation, which invests the ad with some personal relevance;
- the ad elicits a desire or inclination to help people with dementia, both in the way dementia is depicted, i.e. someone is in distress, and in the call to action's reference to helping people with dementia;
- it piques their curiosity about dementia in general; and
- it raises awareness about the warning signs of dementia or makes them curious about such signs.

Suggestions to improve ad

Suggestions to make this ad more effective included the following:

- make it clearer that the person has dementia by depicting an experience less common/familiar to viewers (e.g. show a parking stub in her hand clearly indicating her parking level, place her in a small outdoor parking lot with only a few cars and unable to recognize hers);
- depict a more dramatic situation/show more severe consequences of dementia than forgetting where one has parked;
- depict some kind of interaction with others, e.g. someone helping her;
- depict a more common scenario/setting, one that targets more than car owners or members of the urban/suburban middle class;
- create versions depicting people of different sexes;
- provide a more forceful call to action;
- include statistics on dementia/persons with dementia;

- depict the person with dementia as younger, to emphasize that this can happen to anyone; and
- add a stigma element to the ad.

Groceries

Overall impressions of ad tends to be positive

Overall impressions of this ad also tended to be positive and were sometimes very positive. The ad resonated with participants in various ways, including the following:

- the ad depicts a common/familiar situation, one in which they can imagine themselves, which makes the ad attention-grabbing and easy to relate to;
- it is clear from the start of the ad what the problem is;
- the depiction of the person with dementia, including hearing her speak/express her confusion, is impactful, with some saying they could imagine a loved one in such a situation;
- the inclusion of statistics about dementia, described by some as attention-grabbing;
- it shows how dementia affects people in their daily lives as well as the prejudices/lack of understanding they face; and
- it makes one wonder about what one would do/how one would react in a similar situation.

The ad routinely elicited mixed emotions, usually a combination of sympathy and sadness for the person with dementia, combined with anger and frustration with the cashier and/or other customer. But the ad also elicited some understanding of the reactions of the latter. Indeed, one of the ad's perceived strengths was described as its depiction of different perspectives, and the frustration of all three individuals, with a few participants admitting they are temperamentally like the frustrated/impatient customer. A few older participants said that the ad elicited feelings of apprehension because they can imagine themselves in a similar kind of situation at some point in time.

One relatively widespread reaction to this ad was surprise at the statistics, with many saying they expected the proportion of Canadians 65 and older living with dementia and the proportion of Canadians uncomfortable interacting with people living with dementia to be higher.

Critical reaction to this ad focussed primarily on the negative depiction of interaction with someone with dementia, specifically the depiction of the cashier's interaction with the person with dementia. A number of participants, particularly front-line workers in the service industry, reacted negatively to this depiction, questioning its credibility. Some participants also expressed confusion or puzzlement regarding the use of statistics about dementia (see next paragraph for details).

Message typically described as clear and easy to understand

Participants usually described this ad as clear and easy to understand. Some said they were confused at the very beginning, uncertain about what was going on, but that its meaning eventually became clear. This elicited a suggestion that this lack of clarity at the beginning was perhaps deliberate and designed to have viewers share the confusion experienced by the person with dementia and the cashier. The message, or aspects of the messaging, conveyed by this ad included the following:

- people know little about dementia and therefore do not know how to interact with persons suffering from dementia;
- this is how dementia and lack of understanding of dementia manifest themselves;
- people with dementia face misunderstanding on a daily basis;
- treat persons with dementia with respect;
- learn about dementia/be aware of how it manifests itself;
- learn how to help people with dementia; and
- understanding dementia can help people deal with it.

Participants who felt that the ad lacked clarity or were confused to a certain extent pointed to two factors to explain why:

- The ad works on too many levels or tries to do too many things at once, i.e. depict a situation in which dementia manifests itself, show different perspectives on that situation, present data/statistics, and encourage people to learn more about dementia.
- The presentation of statistics is unclear/confusing: While the inclusion of statistics was widely regarded as a positive feature of this ad, some participants felt that the presentation of data was convoluted, specifically the linking of the two statistics by the term 'yet' (i.e. 7% of Canadians 65 and over live with dementia, **yet** 46% of Canadians do not feel fully comfortable interacting with them). It was noted that there is no logical connection between these two statistics.

Ad described as realistic and credible with one exception

With one exception, participants routinely described this ad as credible and realistic. Reasons given to explain its credibility and realism included the following:

- the chosen setting, a grocery store, is one in which an interaction with a person with dementia is likely to happen;
- the depiction is realistic, based on what some participants have witnessed themselves in similar circumstances;
- the statistics anchor/ground the credibility of the scenario being depicted; and
- the depiction of how dementia manifests itself is realistic, focussing as it does on confusion and frustration, with some participants describing it as the best of the three in its depiction of a person with dementia.

As noted above, critical reaction to this ad was based primarily on the depiction of the reaction of the cashier to the person with dementia. A number of participants, particularly front-line workers in the service industry, suggested that this lacks credibility because people in the service industry are typically very helpful, understanding, and patient, especially with older people. The only other question related to the credibility of this ad concerned the likelihood that someone like the person depicted would be shopping on her own.

There was widespread agreement that the ad is appropriate in tone, in the sense that there is nothing disturbing or offensive in it. That said, some participants who did not like the negative way in which the interaction with a person with dementia is depicted re-emphasized this by describing the ad as too negative in tone.

Limited motivation to learn more about dementia

Most participants said that this ad did not motivate them to want to learn more about dementia and people living with the condition. Two of the reasons were the same as ones given in the case of ad A: there is no new information that would motivate them to follow-up, and they are not closely connected to someone living with dementia, so there is no real incentive to look for such information. An additional reason why this ad does not motivate some, particularly front-line workers, is the negative approach it takes to depicting interaction with people who have dementia.

Those who said the ad would motivate them to look for more information explained that it depicts a situation in which they might realistically find themselves some day. As a result, it makes them think about how they would react in this kind of situation, some adding that they do not want to be among the 46% of Canadians uncomfortable in such a situation. In short, they are motivated to look for information about how to react in such situations or how to help people in such situations. This included some front-line workers who said they would be interested in learning about concrete strategies for dealing with clients/customers suffering from dementia.

Suggestions to improve ad

The most frequently made suggestion for making this ad more effective was to put a positive rather than a negative spin on it, specifically by turning it into a teaching moment and showing someone helping the person with dementia or showing some understanding of her condition. Additional suggestions included the following:

- Adding a clearer, more forceful call to action, (i.e. more than simply the opportunity to learn more about dementia and people living with it).
- Presenting the statistics in a more meaningful way. This included the following:
 - presenting only one statistic, i.e. the proportion of Canadians not fully comfortable interacting with people 65 and older living with dementia;
 - presenting the proportion of Canadians 65 and over living with dementia as an absolute number because it might resonate more, e.g. X number of Canadians 65 and older live with dementia but nearly half of Canadians do not feel fully comfortable interacting with them; and
 - presenting the statistics in the form of a question: what disease afflicting 7% of people 65 and over are 46% of Canadians not feel comfortable dealing with?
- Making it clear at beginning that ad deals with dementia.
- Showing the woman's shopping list in her pocket, to reinforce the severity of her condition.
- Better orchestration in presentation of statistics. This involved not showing the statistics too quickly/coordinating their appearance with the voiceover. Specifically, it was observed that the datum 7% appears on screen too early, as the cashier is speaking to the customer and before the voiceover refers to it. As a result, the context for understanding it has not been established.
- Making a version of the ad with a younger person suffering from dementia.

Golf

Overall impressions of the ad range from neutral/indifferent to mildly positive

Among the things participants liked about this ad, three were identified most often:

- the general approach taken, described using expressions such as ‘positive’, ‘light/light-hearted’, ‘uplifting’ or ‘slightly humorous’;
- it focusses on the theme of bonding/a relationship with someone suffering from dementia, specifically the family dimension/bond; and
- it emphasizes the importance of support, understanding, and patience in dealing with persons who have dementia.

For some, this ad’s main strength was its combination of these features, i.e., positive messaging, the bonding/relationship theme, and the focus on support/understanding/patience. Some compared it favourably to ad B, observing that it was better than ad B by depicting interaction with a person suffering from dementia in a positive rather than a negative way, i.e. with a focus on support, understanding, and patience (all three seen as missing in ad B).

Other reasons participants liked this ad included the following:

- it shows that a normal life can be maintained, even with dementia;
- it is easy to relate to and brings to mind bonding with older family members/parents with dementia;
- it’s a different type of ad, not typical of ads run by governments;
- its message is clear; and
- it recognizes that dementia can be difficult to talk about.

Emotions elicited by this ad often included a mixture of happiness and sadness. For example, the bonding between son and father elicited feelings of happiness, sometimes a smile, but also a sense of sadness at the thought that the son is ‘losing’ his father to dementia. Similarly, some caregivers expressed this sense of happiness and sadness by referring to a feeling of nostalgia, a recollection of moments when they can or could connect with the person they are caring for. Other emotions elicited by this ad included a sense or feeling of hope, reassurance, and calmness or relief (‘soulagement’).

Those who reacted neutrally or indifferently to the ad routinely explained that it did not resonate with them because they could not relate to it. As a result, many participants said that this ad elicited little or no emotional reaction in them. Two factors were routinely at play here. One was that the ad depicts an interaction between a father with dementia and his son, and many participants do not have parents with dementia. The other factor was the setting for this interaction, i.e. a golf course. Many participants said they could not relate to this either because they do not golf, do not understand golf (and therefore, for example, do not understand the mix up with the clubs), or think of golf as an exclusive kind of activity, and not a setting typically associated with dementia.

A number of participants said they reacted indifferently to the ad because it took too long for it to get to the point, i.e. that the father has dementia. Some participants, mainly caregivers, explained that they could not relate to the ad because it was too light-hearted or simplistic by suggesting that dementia manifests itself in this kind of forgetfulness (e.g. which golf club to use) and is easy to deal with. A few others said they were indifferent because the ad did not really provide any meaningful information about dementia.

Message described as clear and easy to understand, but only near the end

While participants usually described this ad as clear and easy to understand, many added that the message is not clear until the end, when it becomes apparent that the father is suffering from dementia. Some participants who described themselves as not familiar with golf said that the overall message was clear, although they did not understand the segment about the golf clubs. Two messages or aspects of messaging were most often identified in this ad: that one can still enjoy life/do things if one has dementia, and the importance of compassion, patience, and understanding in dealing with people who have dementia. Other aspects of messaging included the following:

- one's whole life doesn't have to change because of dementia;
- there is hope for people living with dementia;
- it is important to be there for people with dementia;
- meaningful connections/bonding with people with dementia is possible;
- check-in with your parents for signs of dementia; and
- learn more about helping people with dementia.

Ad described as realistic, credible, and appropriate

Most participants felt that the ad was credible and realistic, although many described the situation depicted as uncommon, atypical, or of limited relevance to most people caring for someone with dementia. As an example, a few caregivers noted that while golf is not an activity one typically associates with manifestations of dementia, the reaction of the son to his father's confusion is credible. While there were no issues of credibility related to the ad in general, two specific aspects of it were seen as lacking credibility by some participants:

- A few caregivers felt that the segment of the ad in which the father is about to use the wrong club and acknowledges his mistake lacks credibility. However, a person with dementia in the same group, who plays golf, said that he has had a similar experience.
- A few participants felt it was not credible that the father would get tested for dementia on his own, without talking about it in advance to his family, and without there having been signs that members of his family would have noticed. In other words, a more realistic scenario would be one in which family members noticed changes in their father's behaviour and suggested that he get tested.

While there were no issues with the tone of the ad in that nothing was identified as disturbing or offensive, a few caregivers felt that the ad could convey the mistaken impression that dementia is generally easy to deal with and does not seriously inhibit persons with dementia in carrying on in a regular way.

Limited motivation to learn more about dementia

As was the case with the previous ads, most participants said that this ad did not really motivate them to want to learn more about dementia and people living with the condition. The most frequently given reason was that they are not (yet) in a situation where they need to look for such information because they do not have a parent or close relative with dementia. Other reasons included the following:

- There is no new information that would motivate them to follow-up.

- There is nothing particularly attention-grabbing or thought provoking in the ad that would motivate them to follow-up. For example, according to one participant, the ad seems to suggest that it is easy to care for a person with dementia, so why look for information? According to another, the ad seems to suggest that the hardest thing about dementia is talking about it.
- The ad targets a specific and relatively small sub-section of the general public, i.e. golfers.

Those who said they would be motivated to follow-up gave two reasons to explain why: because they have elderly parents who might be susceptible to dementia, and in order to learn how to help persons with dementia and interact with them.

Suggestions to improve ad

The main suggestions for improving this ad were to depict a more common scenario, e.g. a grocery store¹⁰, and making it clear early on that the father has dementia. It was suggested that this could easily be done by using the word ‘dementia’ instead of ‘it’ in the voiceover, i.e. ‘it wasn’t easy for my dad to talk to us about dementia’. Other suggestions included the following:

- use a more a more credible scenario about how the father discovered that he had dementia, one in which family members noticed signs that something was wrong, e.g. ‘we noticed dad was getting more and more forgetful’;
- include a reference to their looking for information about dementia, in addition to or instead of saying that they talked about it;
- have the father/person with dementia talk, not just the son;
- provide statistics/data such as the proportion of people living meaningful lives with dementia;
- downplay the celebration after the successful putt; and
- include a stronger call to action.

Stigma ads compared

All three stigma ads were more effective than not in terms of grabbing attention, providing a clear message, and eliciting an emotional reaction.¹¹ Specifically, participants were more likely to say of each ad that it grabbed their attention, provided a clear message, and elicited an emotion at least to a moderate extent than to a small extent or not at all. That said, the Parking and Groceries ads were much more effective in these three areas than Golfing ad, with the Groceries ad emerging as the most effective overall. While the Parking and Groceries ads were similarly likely to grab attention, provide a clear message, and elicit an emotion, the Groceries ad was more effective at doing all three ‘to a great extent’.

In addition, when participants were asked explicitly to compare the three ads, the Groceries ad was much more likely than the other two to be chosen as most effective in terms of sustaining attention, resonating on a personal level, and motivating participants to want to learn more. Participants reasons for preferring an ad in each of these areas are identified below. Not surprisingly, when explaining their preference participants tended to re-iterate or re-emphasize points they had previously made regarding these ads.

¹⁰ This suggestion was made by a participant who had not yet seen the Groceries ad.

¹¹ This finding, as well as other findings in this paragraph are based on results from the three poll questions asked to participants following their review of each stigma ad.

Sustaining attention

Reasons given by participants to explain why the Groceries ad is most effective in terms of attracting and sustaining attention included the following:

- it occurs in a recognizable setting and depicts a common situation/occurrence;
- it's story-like, depicting interaction between people and showing their different reactions to a situation;
- what is happening is believable/credible/realistic;
- it is clear what the issue is and easy to follow what is happening from start to finish; and
- it is clear that there is a problem, and one wants to find what is going to happen.

Reasons given to explain why the Parking ad is most effective in this regard included the following:

- it depicts a situation that is easy to relate to because commonly experienced;
- there is an air of ominousness to it, which makes it dramatic/engaging;
- it is not entirely clear what is going on but one is curious to find out what is happening and how it will end; and
- one senses the person's fear, frustration, despair and one wants to help her.

Reasons given to explain why the Golfing ad is most effective in this regard included the following:

- the focus on the family dimension/bonding;
- the positive/uplifting approach;
- its atypical nature, i.e. it is not a typical Health Canada/Government of Canada ad; and
- the golf theme.

Resonating on a personal level

Reasons given to explain why the Groceries ad is most effective in terms of resonating on a personal level included the following:

- the setting is very familiar/a common situation;
- it depicts a situation in which one might find oneself and makes one think about how one would react;
- it depicts a credible/realistic situation or one that has been experienced/witnessed;
- the feeling of frustration and anger elicited by the reactions of the cashier and other customer;
- recognizing oneself temperamentally in the frustrated/impatient customer;
- imagining a loved one with dementia in a similar situation; and
- relating to the person with dementia and empathizing with her confusion and frustration.

Reasons given to explain why the Parking ad is most effective in this regard included the following:

- it depicts a frustrating situation we have all experienced;
- the capacity to empathize with the woman;
- the capacity to sense the woman's fear, frustration, and despair; and
- the desire to help combined with the inability to do so.

Reasons given to explain why the Golfing ad is most effective in this regard included the following:

- it strikes emotional chord;
- the focus on family/bonding with parents or children;
- the focus on support, understanding, patience in dealing with persons with dementia;
- it brings to mind aging family members/parents as well as older family members/parents with dementia;
- the positive message; and
- the golf theme.

Motivating participants to want to learn more

Reasons given to explain why the Groceries ad is most effective in terms of motivating participants to want to learn more about dementia and people living with the condition included the following:

- one might realistically find oneself in a similar situation;
- it depicts a situation in which people can help someone but do not because of a lack of understanding;
- it shows how lack of understanding/ignorance can adversely affect people;
- curiosity/interest in tips/strategies about how to assist someone with dementia in such a situation;
- it provides statistics, which generates curiosity about additional data/statistics; and
- a desire to not be among the 46% of Canadians uncomfortable in such situations.

Reasons given to explain why the Parking ad is most effective in this regard included the following:

- one feels her pain and wants to be able to help somehow;
- the call to action, with its focus on helping people with dementia;
- curiosity about the warning signs of dementia; and
- the sense that dementia can strike anyone, at any time.

Reasons given to explain why the Golfing ad was most effective in this regard included having aging or elderly parents who might be susceptible to dementia, and a desire to learn how to help persons with dementia and interact with them.

Prevention ads

Participants' feedback on the prevention ads was often similar not to say identical in certain regards. Therefore, prior to reporting on each separate ad, a general overview is provided, with a focus on feedback that applied to the ads collectively.

General overview

The most frequent reaction to the prevention ads was to note their general/generic character (i.e. the impression that the main message in these ads is about a healthy lifestyle, with an incidental or secondary connection to dementia). This impression was consistent across groups and audiences, and often the first top-of-mind reaction to the ads, with participants routinely observing that the reference to dementia could be replaced with many other conditions and the message would essentially be the same. This impression was underscored by the impression that references to dementia in these ads were downplayed. In the case of the 'Coach' animatic this was evident by

the fact that dementia is only referenced at the very end of the ad, and in the static images it was evident in the fact that dementia is only referenced in the subtext, in smaller font.

Generally speaking, the prevention ads were relatively limited in their power to motivate participants to learn more about how to prevent dementia. While participants were likely to say of each prevention ad that it grabbed their attention and provided a clear message at least to a moderate extent, in only one case were they likely to say that the ad made them want to learn more at least to a moderate extent (see below).¹²

Participants routinely observed that the ads were essentially telling them something they know already, do already, or should be doing anyway. To the extent that the ads are relevant, it is primarily as a reminder to pursue a healthy lifestyle. In short, the reference to dementia provides no new meaningful information and does not motivate most to look for more information. In the words of one participant: *the ad already tells you what to do (i.e. eat well, exercise), so why would I need to look for more information?*

It is noteworthy in this regard that positive reaction to the *Yes Brainer* ad was often that it provides new information (i.e. information about meditation). Moreover, *Yes Brainer* is the only prevention ad where participants were more likely to say the ad makes them want to learn more *to a moderate/great extent* than *to a small extent/not at all*.

A routinely made suggestion to improve all of these ads was to highlight/emphasize reference to dementia (by bringing it up earlier in the Coach animatic and increasing the font size of the subtext in the static ads).

Individual ads

Coach

Overall impressions of ad ranges from neutral/indifferent to negative

Overall impressions of this ad tended to range from neutral/indifferent to negative. While participants routinely described the ad as attention-grabbing, they also regularly described it as unclear or confusing because only at the very end is it clear that the ad is about dementia. In addition, the connection to dementia was often described as tenuous or incidental, with many describing the approach as generic and noting that this ad could just as well have been about quality family time or a healthy lifestyle. Regarding the latter theme, some participants noted that the ad reminds them of ParticipACTION ads. The ad tended to elicit little or no reaction for these two reasons, i.e. because it is unclear what it is about, and is too generic. One aspect of the ad that often elicited critical reaction was the music, described by many as unappealing and likened by a few to the theme music from the 'Rocky' movies.

Positive reactions to this ad focussed on a variety of features including its positive/upbeat approach, its focus on a healthy lifestyle, the emphasis on a proactive approach and preventative measures, the hopeful message, and the emphasis on the mother/son relationship.

¹² These findings are based on results from the three poll questions asked to participants following their review of each prevention ad.

Message described as unclear until the end of the ad

Participants routinely described the message of this ad as unclear until the very end when dementia is referenced, and even then there was a widespread impression that the message has more to do with general health and promoting a healthy lifestyle than preventing dementia or increasing awareness about dementia. Moreover, even once the theme of dementia was introduced, some participants did not understand that the focus was on preventative measures, thinking instead that the son was helping his mother because she was suffering from dementia.

Ad perceived as having limited meaningfulness/relevance

Most participants described this ad as having little or no relevance or meaning for them personally. In explaining why, they most often pointed to its generic nature, suggesting that because the main message is about leading a healthy lifestyle, there is little or nothing that makes the ad personally meaningful concerning dementia. Many added that the reference to dementia comes too late in the ad and too suddenly for them to reflect on it in any way except as an afterthought. Others said the ad is not relevant or meaningful to them because they do not feel targeted by it, pointing out that since they do not have children the ad's storyline does not resonate with them. Finally, some observed that there is no new information in the ad and that they already know about the importance of a healthy lifestyle and are doing these kinds of things already (e.g. eating healthily, exercising).

Participants who did think the ad is relevant or meaningful to them personally provided the following reasons to explain why:

- it serves as a reminder that they need to exercise more;
- they are interested in preventative measures related to dementia;
- they have children and the ad resonates with them on this level; and
- they are interested in resources to help persons living with dementia.

Ad considered credible with one exception

There was widespread agreement that there is one specific aspect of this ad that lacks credibility: the scene of the son looking for information about dementia on his computer. The impression that this lacks credibility was based on the assumption that no one that young would realistically be doing this. There were no issues concerning the tone of the ad per se, i.e. nothing inappropriate or disturbing, though it was observed that some families cannot afford the kind of healthy foods depicted in the ad. It was also observed by a caregiver that there is a suggestion in the ad that if one eats well and exercises life will be great, which is not necessarily the case since healthy and fit people get dementia.

Limited motivation to learn more

Most participants described this ad as motivating them little or not at all to learn more about how to reduce the risks of dementia. In explaining why, participants tended to re-iterate reasons given to explain why the ad had little personal relevance to them. These reasons included the following:

- the ad is too generic in nature, so it does not resonate in any specific or meaningful way in relation to dementia;

- the ad does not generate curiosity or provide an incentive to follow up in order to learn more about dementia because it recommends health-related activities that participants know or do already;
- the ad basically tells you what to do to prevent dementia, i.e. eat well and exercise your mind and body, so there is no real need to learn more or look for more information; and
- there is nothing thought-provoking about the ad that would motivate someone to follow-up because the reference to dementia comes at the very end of the ad, almost as an afterthought.

Those who said the ad would motivate them to follow-up also tended to re-iterate reasons given to explain why the ad had personal relevance or meaning for them. These included the following:

- they need to exercise more/pursue a more healthy lifestyle and are curious about ways to do this;
- they are interested in preventative measures related to dementia and the ad suggests a range of such measures;
- they are curious to know which foods/what diets in particular decrease likelihood of dementia;
- they are interested in activities they can undertake with an older relative that can diminish the likelihood of dementia; and
- they have children and the ad makes them think of ways they can diminish the likelihood that their children will have to become their caregivers.

Suggested improvements

The most frequently made suggestion for improving this ad was to make the connection to dementia earlier in the ad. This could include showing the child on his computer at the beginning of the ad, and including bulleted information points throughout the ad, e.g. relevant statistics such as how much of an impact certain measures can have on decreasing the likelihood of getting dementia. Other suggestions included the following:

- change the music;
- depict someone with their grandmother instead of their mother; and
- make the son older, e.g. 14-15 years of age.

Great Looking Brain

Overall impressions of the ads range from mildly positive to neutral or indifferent

Overall impressions of both versions of this ad tended to range from mildly positive to neutral or indifferent. Positive reactions were elicited primarily by what were characterized as their appealing visuals, routinely described as attention-grabbing, and their positive/upbeat character. Indifference or neutral reactions to the ads were most often elicited by what was described as their generic character in terms of substance and style.

- In terms of substance there was a widespread impression that the ads are about health or a healthy lifestyle in general, and as a result contain no new information.
- In terms of style, there was an equally widespread impression that the approach in these ads is a relatively standard one that could just as easily be adapted to market sports products, fashion ware, or health foods.

A number of participants who reviewed the version of this ad depicting a runner explained their indifference by suggesting that the ad targets a demographic of which they are not part, i.e. young, fit, attractive, slim, people.

One feature of the ads routinely described as attention-grabbing was the tagline “Here’s A Great Looking Brain”. Initial reactions to the tagline were often a mixture of curiosity, confusion, and uncertainty about its meaning. Participants often observed that its meaning is unclear until linked to the subtext. Once linked with the subtext, the tagline elicited mixed reactions: some liking it, some describing it as too clever/oblique, and some still expressing uncertainty or confusion as to its meaning.

Message described as clear in general

While many participants said that the tagline “Here’s A Great Looking Brain” caused them some initial confusion or uncertainty, there was widespread agreement that the overall message in these ads is clear once linked to the subtext, and that their focus is on preventative measures to reduce the likelihood of dementia. Aspects of messaging routinely identified by participants included the following:

- a healthy mind in a healthy body;
- start taking care of yourself early;
- stay fit (associated with the version depicting a runner); and
- start addressing the risk/possibility of dementia now.

Ads perceived as having limited meaningfulness/relevance

Although clear, the message in these ads did not resonate with most participants, in the sense that it has little meaning or relevance for most of them. The most frequently given reason to explain this impression was that the ads seem to be about leading a healthy lifestyle in general, and focus on things they know, do already, or should be doing already so that there is nothing particularly thought-provoking about them. A number of participants who reviewed the runner version of this ad re-iterated that it is not relevant to them personally because they are not part of the demographic it seems to target.

Those who felt the ads have some relevance pointed to the following to explain why:

- they like the focus on prevention/preventative measures;
- they are similar in age to that of the people depicted in the ad;
- concern about a parent’s susceptibility to dementia;
- interest in preventative measures that might help reduce a parent’s risk;
- having watched a parent living with dementia and not wanting to go down that same road;
- interest in healthy eating in general, in response to the food version of the ad; and
- recognition of the need to exercise more, in response to the runner version of the ad.

Tone of ads described as appropriate

There were no issues or problems with the tone of these ads in the sense that nothing in them was identified as inappropriate or disturbing. That being said, the runner version of the ad was criticized by some for using a young, thin, blond, attractive woman, and it was suggested that the tagline

“Here’s A Great Looking Brain” in the context of this version of the ad could be interpreted as meaning that ‘less fit’ people do not have great looking brains. More generally, some participants felt that the ad might be suggesting that people who exercise regularly and eat well will not get dementia, something they question based on their own experience.

Limited motivation to learn more

Most participants described these ads as motivating them little or not at all to learn more about how to reduce the risks of dementia. In explaining why, participants routinely explained that the ad is too generic in nature, with no particular connection to dementia that resonates with them on a personal level. Some noted that the ads are a good reminder that a healthy lifestyle is important, but that there is nothing in particular that induces them to look for more information. Some participants explained that they are not motivated to look for more information because the ad focusses on the importance of bodily health (which they know about) rather than focussing on keeping an active mind, and some re-iterated their impression that the runner version of the ad targets a specific demographic segment of which they are not part.

Those who said the ads do motivate them to follow up identified curiosity as the main factor to explain why. Specifically ...

- curiosity about the extent to which there is a connection between fitness/healthy diet and a reduced likelihood of getting dementia;
- curiosity about the extent to which a predisposition to dementia is affected by genetics/heredity or lifestyle; and
- curiosity about data, information or statistics on which foods/diets are best for reducing the likelihood of getting dementia.

Suggested improvements

The most frequently identified suggestion for improving these ads was to make the connection to dementia more evident or more prominent either by increasing the font size of the subtext, increasing the size of the word ‘dementia’ in the subtext, or including reference to dementia in the tagline. Another frequently made suggestion was to use more vivid/vibrant colors and/or ensure a better color contrast between the images in the forefront and background, especially in the food version of the ad. Other suggestions included the following:

- provide meaningful statistics, e.g. ‘Your risk of getting dementia will decrease by X% if you ...’;
- identify some ‘healthy habits’ for the mind in the subtext, e.g. reading, doing cross-words;
- show more appetizing food in the food version;
- change the tagline to a question, e.g. ‘Do you want a better-looking brain?, or ‘Did you know that ... followed by some specific fact/datum about dementia;
- depict a more average/ordinary looking person in the runner version in order to make the ad more universally appealing/relevant; and
- increase the font size of the website address.

Yes Brainer/Ça aide**Overall impressions of the ad were mixed**

Overall impressions of this ad ranged from positive to neutral or indifferent. A variety of reasons were given to explain positive reactions or impressions of this ad, including the following:

- the information about meditation, routinely identified as new information;
- the picture of the woman meditating, specifically that ...
 - the image works well with the text;
 - the person looks peaceful/at rest;
 - it depicts an older person, a few specifying that they can relate to the picture because they are in the same age range as the person depicted;
- the English version of the tagline, described as attention-grabbing and clever;
- the use of statistics/data;
- the focus on an activity for the mind;
- the recommendation of a concrete activity that is easy to do; and
- the focus on meditation because this is an activity they practice.

Participants who reacted neutrally or indifferently to the ad, or with whom the ad did not resonate, tended to focus on two of its features to explain why: the reference to meditation and the tagline, particularly the English version of the tagline “Yes Brainer”.

- Reference to meditation: The reference to meditation in this ad left many feeling lukewarm or indifferent about it. This included the impression that the ad seems to be more about meditation than dementia, the perception that the ad targets a small sub-section of the population by focussing on meditation, lack of interest in meditation, and the impression that the statistics about the proportion of Canadians who meditate are meaningless/irrelevant.
- The tagline: Feedback on the tagline was much more likely to come from English than French-speaking participants. While the English version of the tagline was routinely described as attention-grabbing, it did not resonate with many participants because it was perceived as unclear/confusing or somewhat inappropriate (see below). For its part, the French version of the tagline (Ça aide) struck some francophone participants as rather dull or drab.

Tagline “No Brainer” creates some confusion

Aspects of messaging identified in this ad focussed on the themes of mental health, preventing dementia, and meditation as a way to reduce the risk of getting dementia. Variations on these themes included the following:

- meditation can help reduce the likelihood of dementia;
- here is something that can help you avoid dementia;
- dementia can be prevented;
- it is important to keep one’s mind healthy; and
- you have some control over your mental health.

To the extent that there was any lack of clarity or confusion regarding this ad, it had to do with the English version of the tagline, i.e. “No Brainer”. Many Anglophone participants said that they were confused by the tagline because its meaning was unclear. In most cases, confusion disappeared once participants read the subtext and intuited the twist on the expression ‘no brainer’. That said,

some remained uncertain or unclear about the meaning of the tagline or said they would not have made the connection to the expression ‘no brainer’ had this not been pointed out to them. In addition, some noted that the tagline could cause confusion to others, especially new Canadians unfamiliar with the expression ‘no brainer’.

Ad perceived as having limited meaningfulness/relevance

This ad did not resonate with most participants insofar as it tended to have little or no meaning or relevance for them personally. The most frequently given reason to explain why had to do with the ad’s focus on meditation, specifically that the ad seems to be primarily about meditation which is something they do not do and not interested in doing. Other reasons given to explain the lack of relevance of the ad included the following:

- scepticism about the extent to which the risk of dementia can be reduced through meditation;
- information about the proportion of people doing meditation being irrelevant; and
- its main message is about the importance of health and self-care, something already known and pursued in various ways already.

Those participants who felt that they had at least some meaning or relevance explained why in the following ways:

- curiosity about alternative ways to keep healthy;
- interest in activities that focus on mental health;
- the impression that meditation is something helpful that would be easy to do, on their own or with others; and
- feeling targeted because they practice meditation and now have an additional reason to continue to do so.

Appropriateness of English tagline questioned by some

As noted above, some participants felt that the tagline “Yes brainer” could cause confusion to new Canadians unfamiliar with the expression ‘no brainer’. Some also felt that using the expression “Yes brainer” in an ad about dementia, an illness that affects the mind, might be inappropriate and might even be perceived by some as insulting. Beyond the English tagline, the only other point made in this context was that the tone of the ad seems a little didactic in the sense that it seems to be lecturing people on the virtue of meditation.

Motivation to learn more based primarily on ad providing new information

Many participants said this ad motivates them at least to some extent to want to learn more about how to reduce the risks of dementia. Indeed, this was the only instance in the course of reviewing prevention ads where participants were more likely to say the ad makes them want to learn more about how to reduce the risks of dementia *to a moderate/great extent* than *to a small extent/not at all*.¹³

¹³ This finding is based on results from the third of three poll questions asked to participants following their review of each prevention ad.

Those who said the ad would motivate them to want to learn more about how to reduce the risks of dementia most often pointed to the fact that the ad provides new information/something they did not know before, explaining that this makes them curious about meditation or other ways to reduce the risk of dementia. Other reasons motivating participants to learn more included the focus on the mind/mental health instead of diet or exercise, curiosity about a connection between stress and dementia, and curiosity about statistics/data on the extent to which meditation and other activities can reduce the likelihood of dementia.

Participants who were not motivated to learn more about how to reduce the risks of dementia tended to reiterate reasons given to explain why the ad has little meaning or relevance for them personally. This included the impression that the ad is mainly about meditation and only secondarily about dementia, lack of interest in meditation, scepticism about the extent to which dementia can be reduced through meditation, and the irrelevance of the data provided about meditation. In addition, it was observed that while the first sentence in the subtext tends to encourage or prime one to follow-up, the second sentence tends to discourage one to do so by referencing the fact that only 22% of Canadians meditate. In other words, the subtext begins on a positive note but ends on a negative note ushered in by the word **Yet**.

Suggested improvements

Suggestions for improving this ad most often involved replacing the tagline “Yes Brainer” and replacing statistics on how many Canadians meditate with statistics on the beneficial effects of meditation. Other suggestions included the following:

- put a positive spin on the statistics, e.g. be among the 22% who meditate ...;
- depict a group meditation session with older and younger people;
- reference other mind-related activities, e.g. puzzles;
- increase the font size of the subtext;
- provide more color contrast to make the text easier to read;
- reduce the amount of text; and
- increase the font size of the website address.

Remember/Don't Forget

Overall impressions of the ads were mixed

Overall impressions of this ad, in both iterations, ranged from positive to neutral or indifferent. Routinely given reasons to explain positive reactions or impressions of this ad included the following:

- the approach is eye-catching/attention-grabbing/visually appealing;
- the messaging is clear, direct, and simple; and
- the messaging is universal in the sense that everyone is targeted, something which according to some is more effectively achieved in Remember because the image of an apple resonates more widely than that of the running shoe in Don't Forget.

Other reasons for positive reactions included the following:

- the focus on preventative measures that are available to most people, i.e. exercise, eating well;

- the taglines resonate because of the association of dementia with forgetfulness;
- the reference to ‘more tips’ encourages people to follow up or look for more information;
- the running shoe because of the link to running in particular or exercise in general; and
- the apple makes one think of the expression ‘an apple a day keeps the doctor away’.

Participants who reacted neutrally or indifferently to the ad, or with whom the ad did not resonate routinely explained that the approach struck them as too generic. This was especially the case for the Don’t Forget which many said could just as well have been an ad for a brand of running shoe. Some participants also described the taglines as generic to the point of being confusing or unclear, e.g. Don’t forget what? Remember what? Although the connection to dementia became clear in the subtext, this association struck many as incidental or secondary, with participants often suggesting that these are essentially ads about healthy eating and exercise.

Overall, participants preferred the Remember version of the ad for two reasons: First, “remember” was seen as a more positive message than “don’t forget”; second, the image of the apple was seen to be more widely appealing than the image of the running shoe because everyone can connect to it whereas the running shoe speaks more to people who exercise.

Messages described as clear and easy to understand

While some participants said that the taglines initially caused them some confusion because it was unclear what they were referring to, there was widespread agreement that the message of the ad is clear once linked to the subtext. Aspects of messaging identified by participants included the following:

- healthy behaviour can reduce the likelihood of dementia;
- there are ways to reduce the risk of dementia;
- lead a healthy lifestyle; and
- a healthy body means a healthy mind.

Focussing on the Remember version, a few participants described the message as vague because it is unclear what ‘eating well’ means. In reaction to the same ad it was asked whether the subtext means that not eating well increases the risk of dementia.

Without explicitly questioning the credibility of the message, some participants observed in the course of the discussion about the message that they know people who have exercised and eaten well all their lives and who suffer from dementia.

Ads perceived as having limited meaningfulness/relevance

Although routinely described as attention-grabbing, these ads did not resonate with most participants in the sense that they have little meaning or relevance for most of them. The most frequently given reasons were that the ads are generic, i.e. mainly about the importance of healthy eating and exercise, and focus on something they know or do already, i.e. they provide no real new information. Some described Don’t Forget as particularly irrelevant to them because they do not run, while others reiterated that it could just as easily be an ad for a brand of running shoe. A few participants described the ads as not personally relevant because the images do not depict people, something that makes it difficult to connect with the ad on an emotional level.

Those who said the ads have some relevance or meaning for them usually explained that they need to exercise more or eat better in general, that they like the focus on relatively easy to take preventative measures, and feel targeted because the ads apply to everyone. One participant described the ads as meaningful because the message taps into something fundamental or subconscious, specifically the fact that no one likes to forget.

Most described the ads as appropriate

There was a widespread impression that there are no problems with the tone of these ads. That said, some participants wondered whether the expressions ‘remember’ and ‘don’t forget’ might be perceived by some as inappropriate in the context of ads about dementia, i.e. given the link between dementia and forgetfulness. In the course of this discussion it was also observed that, while the reference to eating well in Remember is not inappropriate, many people are unable to afford foods essential to a healthy diet.

Limited motivation to learn more

Most participants described these ads as motivating them little or not at all to learn more about how to reduce the risks of dementia. In explaining why, these participants tended to re-iterate the two reasons given most often to explain why the ads have little personal relevance to them: they are too generic nature with only an incidental or secondary connection to dementia and provide no real new information. Some specified that there is nothing thought-provoking about the ads that would motivate them to follow-up.

Those who said the ads would motivate them to learn more about how to reduce the risks of dementia also tended to re-iterate reasons given to explain why the ad has personal relevance for them: that they need to eat better and/or exercise more, are curious about which foods are best for reducing the risk of dementia, like the focus on relatively easy to do prevention/preventative measures, and feel targeted because the ads apply to everyone.

Suggested improvements

The most frequently made suggestion for improving these ads was to highlight the reference to dementia in the subtext. Other suggestions included the following:

- change ‘Remember’/‘Don’t forget’ to ‘Did you know?’;
- change the word ‘tips’ in the subtext that includes the website address to something that sounds less trivial;
- provide some specific tips;
- change the running shoe in Don’t Forget to something more universal/applicable to all;
- introduce a human element in Don’t Forget by showing a couple running;
- change the pink background in Don’t Forget because pink is linked with cancer;
- include some new information or data; and
- increase the font size of the website address.

Prevention ads compared

None of the prevention ads emerged as noticeably more effective than the others in terms of grabbing attention, providing a clear message, and making participants want to learn more. All prevention ads were more effective than not in terms of grabbing attention and providing a clear message, though in the case of the Coach as almost as many participants rated the ad as ineffective in this regard.¹⁴ When it came to effectiveness in making one want to learn more, only in the case of Yes Brainer were participants more likely to rate the ad as more effective than not, though many rated it as ineffective in this regard.

In a similar way, none of the ads emerged as noticeably more effective when participants were asked to compare them in terms of motivating a change in behaviour with a view to reducing their risk of developing dementia, resonating with them on a personal level, and motivating them to look for information about how to reduce the risks of dementia.¹⁵ Participants' reasons for preferring an ad in each of these areas are identified below. As was the case when participants were asked to compare the stigma ads, they tended to re-iterate or re-emphasize points they had previously made regarding these ads when explaining their preferences.

Don't Forget/Remember – most likely to effective in motivating change in behaviour

Don't Forget/Remember was the ad most often chosen as most effective in terms of motivating participants to change their behaviour with a view to reducing their risk of developing dementia. In explaining why, these participants routinely pointed to the following:

- it is of general relevance/most applicable to everyone;
- its message is simple and to the point;
- the tagline resonates, especially “Remember”; and
- it is eye catching/attention-grabbing.

Participants who chose the Yes Brainer ad as most effective in this regard explained that the ad provides new information, focuses on mental health, and generates curiosity about meditation and its effects. Those who chose Great Looking Brain emphasized that it has a catchy tagline and that what it recommends is relatively easy to achieve, i.e. eating well and exercise. Those who chose the Coach ad said they liked the focus on the family.

Don't Forget/Remember – also most likely to resonate on a personal level

Don't Forget/Remember was also the ad most often chosen as most effective in terms of resonating with participants on a personal level. In explaining why, participants once again pointed to its general relevance/applicability, its simple message, and the tagline (especially “Remember”). Those who chose Yes Brainer as most effective in this regard identified curiosity and the provision of new information, while those who chose Great Looking Brain felt targeted because they run/exercise, and those who chose Coach, once again, focussed on the family dimension, with a few noting that they have children.

¹⁴ This finding, as well as other findings in this paragraph are based on results from the three poll questions asked to participants following their review of each prevention ad.

¹⁵ This question was not asked to persons with dementia and caregivers.

Mixed views on the ad considered most effective in motivating search for information

When it came to motivating participants to look for information about how to reduce the risks of dementia, those who chose Don't Forget/Remember referred to its general relevance or applicability, its simple message, and curiosity about the extent to which food and exercise can actually help reduce the risks of dementia. Those who chose Yes Brainer emphasized curiosity elicited by the provision of new information, while those who chose Coach explained that it identifies a range of measures related to both the body and the mind, i.e. exercise, healthy diet, reading and board games. Those who chose Great Looking Brain once again said they felt targeted by the ad because they run/exercise.

Appendix

Technical Specifications

1. Quantitative Research

- An online survey was administered to 2,012 online panellists aged 40 and older, with an oversample of female panellists.
- The sample quotas, or target number of completed surveys, compared to the actual number of completed surveys were as follows:

Region	Male Panellists		Female Panellists	
	Target No. of Completes	Actual No. of Completes	Target No. of Completes	Actual No. of Completes
Atlantic Canada	51	51	77	78
Quebec	181	181	271	271
Ontario	310	311	465	465
Prairies	149	154	223	226
British Columbia	109	109	164	164
Total	800	806	1200	1,204

- The sample was drawn from Dynata’s panel of online Canadians. Surveys that use samples drawn from online panels cannot be described as statistically projectable to the target population.
- Panellists were invited to participate in the survey through an email invitation which contained a password-protected URL to access the survey.
- All survey respondents were informed that their participation was voluntary, and that information collected was protected under the authority of privacy legislation.
- Sponsorship of the study was revealed (i.e., the Government of Canada).
- Panellists were rewarded for taking part in the survey per the panel’s incentive program, which is structured to reflect the length of survey and the nature of the sample.
- The survey averaged 15 minutes to complete, and the fieldwork was conducted between January 26 and February 7, 2021.
- The survey questionnaire was programmed using computer-assisted web interviewing (CAWI) technology. The programming was tested for skip logic by the initial programmer, as well as by a second senior programmer. The quantitative fieldwork was carried out by Elemental Data Collection, under subcontract to Phoenix SPI, as per our standing offer.
- Following survey best practices, the questionnaire was pre-tested in advance of the fieldwork to ensure that it measured what it was intended to measure. There were a minimum of 10 completions in each official language. The only issue identified during the pre-test was the length of the survey. Respondents were averaging 20 minutes to complete the survey. To reduce the length of the survey, the following changes were made: two questions were removed (Question 2 and Question 5) and the ad presentation was amended so each

respondent was presented with two ads from the Stigma set and three ads from the Prevention set (the animatic, Coach, and two images).

- Following the fieldwork, the data were cleaned and checked using SPSS syntax. The review assessed response ranges and the length of time taken to complete the survey to identify any respondent who took an unreasonably short time answering, who “straightlined” responses. Any cases flagged for data quality were replaced prior to the weighting and tabulation of the data.
- Survey data was weighted by region and gender to correct for the oversampling of female panellists and to reflect the demographic composition of the target population. The source of the weights was Statistics Canada census data. As expected when sample quotas are in place, the survey sample very closely matched the target population. Unweighted and weighted proportions did not vary by more than 2%.
- Because the sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated.
- The response rate was 10%, calculated using the formula outlined in the Standards for the Conduct of Government of Canada Public Opinion Research (Online Surveys).

Total Sample Used	25,000¹⁶
Unresolved (U)	22,243
In-scope non-responding units (IS)	299
<i>Respondent termination</i>	299
Responding units (R)	2,458
<i>Completed survey</i>	2,012
<i>Disqualified – under 40 years of age</i>	66
<i>Disqualified – participated in a Government of Canada study in the last 30 days</i>	224
<i>Disqualified – regionally over quota</i>	149
<i>Disqualified – gender over quota</i>	7
Response Rate = R/(U+IS+R)	10%

All steps of the project complied with market research industry standards and the Standards for the Conduct of Government of Canada Public Opinion Research.

2. Qualitative Research

A set of 16 virtual focus groups was conducted with the following target audiences:

1. Adults 25+ (with a skew to women).
2. Canadians 40+ at higher risk of developing dementia.
3. Adults 18+ who are front-line staff in the service sector, with a mix by job.
4. Caregivers and people with early stage dementia (with a skew to women).

Recruitment

Recruitment adhered to the Government of Canada’s *Standards for the Conduct of Government of Canada Public Opinion Research – Qualitative Research*. A recruitment screener was developed to

¹⁶ This is an estimate. Panel companies do not disclose the number of panellists invited to participate in a survey. This is considered proprietary information.

identify potential participants. Participants were recruited through the following methods: an opt-in database, cold calling, and snowballing. 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. In Montreal, 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.

Fieldwork

Location	Language	Local Time
Toronto – Wednesday, January 20, 2021¹⁷		
GROUP 1: Those at higher risk of developing dementia	• English	• 5:30 pm
GROUP 2: Adults	• English	• 7:45 pm
Toronto – Thursday, January 21, 2021		
GROUP 3: Caregivers, people with dementia	• English	• 5:30 pm
GROUP 4: Front-line service providers	• English	• 7:45 pm
Winnipeg – Monday, January 25, 2021		
GROUP 5: Those at higher risk of developing dementia	• English	• 5:30 pm
GROUP 6: Adults	• English	• 7:45 pm
Winnipeg – Tuesday, January 26, 2021		
GROUP 7: Caregivers, people with dementia	• English	• 5:30 pm
GROUP 8: Front-line service providers	• English	• 7:45 pm
St. John's – Wednesday, January 27, 2021		
GROUP 9: Those at higher risk of developing dementia	• English	• 5:30 pm
GROUP 10: Adults	• English	• 7:45 pm
St. John's – Thursday, January 28, 2021		
GROUP 11: Caregivers, people with dementia	• English	• 5:30 pm
GROUP 12: Front-line service providers	• English	• 7:45 pm
Montreal – Monday, February 1, 2021		
GROUP 13: Those at higher risk of developing dementia	• French	• 5:30 pm
GROUP 14: Adults	• French	• 7:45 pm
Montreal – Tuesday, February 2, 2021		
GROUP 15: Caregivers, people with dementia	• French	• 5:30 pm
GROUP 16: Front-line service providers	• French	• 7:45 pm

¹⁷ Technical difficulties were encountered the first evening. Some participants had difficulty hearing and/or seeing the creative materials. Adjustments were made and contingencies put in place to minimize the impact of such issues in the remaining sessions. Although the feedback was consistent by audience and location, an additional group was held on February 4, 2021 with adults aged 40+ living in Toronto to make up for the first evening's technical issues.

- These groups lasted two hours and included a mix of participants by age, gender, and education.

In total, 130 individuals participated in this research.

The moderators for this study were Philippe Azzie and Alethea Woods. Both contributed to the preparation of the final report.

Honorarium

All participants were paid an honorarium to thank them for taking part in the research. Caregivers and people living with dementia were paid an honorarium of \$150 and all other participants were paid \$100.

Quantitative Research Instruments

A) Survey questionnaire

Page 1: Landing Page

Please select the language in which you wish to complete the survey.

- English
- French

[NEXT]

Page 2: Survey Intro Page

Thank you for agreeing to take part in this short survey. We anticipate that the survey will take up to 15 minutes to complete.

Background information

This research is being conducted by Phoenix Strategic Perspectives (Phoenix SPI), a Canadian public opinion research firm, on behalf of the Public Health Agency of Canada.

The purpose of this online survey is to collect feedback on a set of advertising concepts being considered for a public education campaign.

How does the online survey work?

- Your participation in the survey is completely voluntary and confidential.
- Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada, now or in future.

What about your personal information?

- Please be assured that all opinions will remain anonymous and will not be attributed to you personally in any way.
- The personal information you will provide to the Public Health Agency of Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the Department of Health Act in accordance with the *Treasury Board Directive on Privacy Practices*. For more information, click [here](#).
- Your personal information will be collected by Phoenix SPI in accordance with the applicable provincial privacy legislation or the Personal Information Protection and Electronic Documents Act (PIPEDA).

What happens after the online survey?

The final report written by Phoenix SPI will be available to the public through Library and Archives Canada (www.bac-lac.gc.ca/).

If you have any questions about the survey, you may contact Phoenix SPI at

research@phoenixspi.ca.

Your help is greatly appreciated, and we look forward to receiving your feedback.

[CONTINUE]

Page 3: Reminders

On each screen, after selecting your answer, click on the "Next" button at the bottom of the screen to move forward in the survey. If you leave the survey before completing it, you can return to the survey URL later, and you will be returned to the page where you left off. Your answers up to that point in the survey will be saved.

PROGRAMMING NOTES:
ALL SURVEY QUESTIONS TO BE PRESENTED 1 QUESTION PER PAGE UNLESS OTHERWISE INDICATED.
SECTION TITLES SHOULD NOT APPEAR ON SCREEN FOR RESPONDENTS.
DO NOT PRESENT QUESTION NUMBERS.
INCLUDE A PROGRESS BAR.
ALL QUESTIONS ARE MANDATORY.

Screening

1. What is your age?

01 [TEXT BOX]

99 Prefer not to answer [ASK QSCR1a]

TERMINATE IF UNDER 40

TERMINATION MESSAGE [AGE]:
Thank you very much for your interest in completing this survey. Unfortunately you must be at least 40 years of age to take part in this survey.

SCR1a. Would you be willing to indicate in which of the following age categories you belong?

01 Under 40

[TERMINATE]

02 40 to 45

03 46 to 50

04 51 to 59

05 60 to 65

06 66 to 69

07 70 or older

99 Prefer not to answer [TERMINATE]

TERMINATION MESSAGE [AGE]:
Thank you very much for your interest in completing this survey. Unfortunately you must be at least 40 years of age to take part in this survey.

2. In the previous 30 days, have you participated in?

Select all that apply

- 01 A Government of Canada survey
- 02 A survey on dementia
- 03 None of the above [CONTINUE; TERMINATE IF SCR2=01-03]

TERMINATION MESSAGE [GENERAL]:

Thank you very much for your interest in completing this survey. Unfortunately you are not eligible for this survey.

3. Do you, or any member of your immediate family, work for...?

Select all that apply

- 01 A marketing research firm
- 02 A magazine or newspaper
- 03 A radio or television station
- 04 A public relations company
- 05 The government, whether federal, provincial, territorial or municipal
- 06 An advertising agency or graphic design firm
- 07 An organization involved in caring for or advocating for persons living with dementia
- 08 None of the above [CONTINUE; TERMINATE IF SCR3=01-07]

TERMINATION MESSAGE [GENERAL]:

Thank you very much for your interest in completing this survey. Unfortunately you are not eligible for this survey.

4. With which gender do you identify?

- 01 Male
- 02 Female
- 03 Other
- 99 Prefer not to answer [TERMINATE]

5. Where do you live?

- 01 Alberta
- 02 British Columbia
- 03 Manitoba
- 04 New Brunswick
- 05 Newfoundland and Labrador
- 06 Northwest Territories
- 07 Nova Scotia
- 08 Nunavut
- 09 Ontario
- 10 Prince Edward Island
- 11 Quebec

- 12 Saskatchewan
- 13 Yukon
- 99 Prefer not to answer [TERMINATE]

QUOTA TERMINATION MESSAGE:

Thank you very much for your willingness to complete this survey. We're sorry, but at this time we've already received a sufficient number of completed surveys from people with a similar profile to yours.

Knowledge and Attitudes [Pre-Ad Presentation]

- 1. How knowledgeable would you say you are about dementia?
 - 01 Not at all knowledgeable
 - 02 A little knowledgeable
 - 03 Moderately knowledgeable
 - 04 Knowledgeable
 - 05 Very knowledgeable
 - 99 Prefer not to answer

- 2. To the best of your knowledge, please indicate if each of the following statements is true or false:

[GRID; ROWS=ITEMS A-E; ROTATE; COLUMNS: 1=TRUE, 2=FALSE, 99=DON'T KNOW]

- a. There are things we can do to reduce the risk of developing dementia early in life.
- b. The risk of developing dementia is higher among people with chronic health conditions, such as hypertension, heart disease, and diabetes.
- c. Dementia is an inevitable or normal part of aging.
- d. People with dementia can't function on their own.
- e. There are medications that can help prevent dementia

- 3. To what extent do you agree or disagree with the following...?

[GRID; ROWS=ITEMS A-C; ROTATE; COLUMNS: 1=STRONGLY DISAGREE, 2=DISAGREE, 3=NEUTRAL, 4=AGREE, 5=STRONGLY AGREE, 99=DON'T KNOW]

- a. People living with dementia generally face a lower quality of life than people without dementia.
- b. People living with dementia can no longer feel and react to emotions.
- c. I would feel uncomfortable interacting with someone living with dementia because I am not sure how to talk to or support/help the person.

Ad Review

The Public Health Agency of Canada is developing a set of advertisements to educate Canadians about dementia and we'd like your feedback on the ad concepts. You will see animated

storyboards, or animatics, and static images. Each animatic is a set of storyboards roughly edited together with sound to illustrate an ad concept. The concepts depicted in the animatics you will see could eventually be developed into fully produced ads that may appear on TV or as videos on social media. The images could be used as posters, billboards, or banners on websites.

PROGRAMMING: ROTATE PRESENTATION OF THEMES (THEME-1 VS. THEME-2) AND SPOTS WITHIN EACH THEME EXCEPT FOR SPOT_D. IT SHOULD ALWAYS BE PRESENTED FIRST AMONG THE THEME-2 SPOTS. FOR THEME-2, THE PRESENTATION OF SPOT_E AND SPOT_G SHOULD BE RANDOMIZED. 50% OF RESPONDENTS WILL SEE SPOT_E_1 AND 50% SPOT_E_2. 50% OF RESPONDENTS WILL SEE SPOT_G_1 AND 50% SPOT_G_2.

IN ADDITION: FOR THEME 1, PRESENT 2 SPOTS ONLY [RANDOM SELECTION] TO EACH RESPONDENT; FOR THEME 2, PRESENT 3 SPOTS ONLY: SPOT D AND 2 OF SPOTS E-G [RANDOM SELECTION].

THEME-1:

- SPOT_A_Parking_VID
- SPOT_B_Groceries_VID
- SPOT_C_Golfing_VID

THEME-2:

- SPOT_D_Coach_VID
- SPOT_E_1_Great_looking_brain
- SPOT_E_2_Great_looking_brain
- SPOT_F_Yes_Brainer
- SPOT_G_1_Don't_Forget
- SPOT_G_2_Remember

THEME-1: Stigma

This set of ads focus on the theme of **stigma**. The ads are intended to reduce the negative attitudes and beliefs that are sometimes associated with dementia.

Here's the first ad.

[PRESENT FIRST AD]

4. What's your initial reaction to this ad?

- 01 1 – Very negative
- 02 2 – Negative
- 03 3 – Neutral
- 04 4 – Positive
- 05 5 – Very positive
- 99 Prefer not to answer

5. What about this ad first catches your attention?

[ROTATE ORDER OF ITEMS]

- 01 The colours
- 02 The image/visuals
- 03 The overall subject
- 04 The people in the ad
- 05 The music
- 06 The narrator

- 07 The story/the content
- 88 [ANCHOR] Other: please specify

6. Please select the statement(s) that best fits your impression of this ad.

Select all that apply

[ROTATE ORDER OF ITEMS]

- 01 Helps me understand more about dementia
- 02 Has information that is new to me
- 03 Is relevant to me personally
- 04 Leads me to think about my own health
- 05 Leads me to think about/understand people living with dementia
- 06 [ANCHOR] Is hard to understand and/or unclear
- 88 [EXCLUSIVE; ANCHOR] A different impression: please specify

8a. [IF Q8=03] What information is new to you?

- 01 [OPEN; TEXT]
- 99 Don't know

7. Based on what you know about dementia, is this a realistic depiction of a situation involving a person living with dementia?

- 01 Yes
- 02 No
- 99 Don't know

9a. [IF Q9=02] Why do you think this is not a realistic depiction?

- 01 [OPEN; TEXT]
- 99 Don't know

Here's the next ad. [REPEAT Q6 to Q9 FOR EACH AD IN THEME 1 – I.E., A TOTAL OF 2 TIMES FOR EACH RESPONDENT. LABEL VARIABLES: Q6_A, Q6_B, Q6_C]

Now we would like you to rank these ads. [SHOW ANIMATICS OF EACH STIGMA CONCEPT; RANDOMIZE ORDER]

8. In the box beside each ad, please assign the ad a rank of 1 to 2 with (1) being the ad you would be **most** likely to notice and watch and (2) being the ad you would be **least** likely to notice and watch. [PRESENT ADS SHOWN TO RESPONDENT]

- a. SPOT_A_Parking_VID
- b. SPOT_B_Groceries_VID
- c. SPOT_C_Golfing_VID

9. In the box beside each ad, please assign the ad a rank of 1 to 2 with (1) being the ad you feel is **most** compelling or powerful and (2) being the ad you feel is **least** compelling or powerful. [PRESENT ADS SHOWN TO RESPONDENT]

- a. SPOT_A_Parking_VID
 - b. SPOT_B_Groceries_VID
 - c. SPOT_C_Golfing_VID
10. In the box beside each ad, please assign the ad a rank of 1 to 2 with (1) being the ad that would be **most** likely to make you want to know more or change your attitude/behaviour and (2) being the ad that would be **least** likely to make you want to know more or change your attitude/behaviour. [PRESENT ADS SHOWN TO RESPONDENT]
- a. SPOT_A_Parking_VID
 - b. SPOT_B_Groceries_VID
 - c. SPOT_C_Golfing_VID
11. After having seen these ads, how likely are you to do the following?
- [GRID; ROWS=ITEMS A-B; ROTATE; COLUMNS: 1=VERY UNLIKELY, 2=UNLIKELY, 3=NEUTRAL, 4=LIKELY, 5=VERY LIKELY, 99=DON'T KNOW]
- a. Search online for more information about dementia
 - b. Think about people living with dementia
 - c. Take steps to help people living with dementia
12. [IF Q13a=04, 05] You indicated that you are [likely / very likely] to search online for information about dementia. What type of information do you think you would look for?
- Select all that apply**
- [ROTATE ORDER OF ITEMS]
- 01 Early signs of dementia
 - 02 Symptoms of dementia
 - 03 Type of dementia
 - 04 How to help prevent dementia
 - 05 Treatment options
 - 06 How you can help people living with dementia
 - 88 [ANCHOR] Other: please specify

THEME-2: PREVENTION

This set of ads focus on the theme of **dementia prevention**. The ads are intended to provide information on healthy actions that can be taken to help reduce the risk of developing dementia.

Here's the first ad.

[PRESENT FIRST AD]

13. What's your initial reaction to this ad?
- 01 1 – Very negative
 - 02 2 – Negative
 - 03 3 – Neutral

- 04 4 – Positive
- 05 5 – Very positive
- 99 Prefer not to answer

14. What about this ad first catches your attention?

[ROTATE ORDER OF ITEMS]

- 01 The colours
- 02 The image/visuals
- 03 The overall subject
- 04 [SHOW FOR IMAGES ONLY] The headline in large font
- 05 [SHOW FOR IMAGES ONLY] The text in smaller font
- 06 [SHOW FOR ANIMATICS ONLY] The people in the ad
- 07 [SHOW FOR ANIMATICS ONLY] The music
- 08 [SHOW FOR ANIMATICS ONLY] The narrator
- 09 [SHOW FOR ANIMATICS ONLY] The story/the content
- 88 [ANCHOR] Other: please specify

15. Please select the statement(s) that best fits your impression of this ad.

Select all that apply

[ROTATE ORDER OF ITEMS]

- 01 Helps me understand more about dementia
- 02 [SHOW FOR IMAGES ONLY] Makes me interested in reading the text
- 03 Has information that is new to me
- 04 Is relevant to me personally
- 05 Leads me to think about my own health
- 06 Leads me to think about/understand people living with dementia
- 07 [ANCHOR] Is hard to understand and/or unclear
- 08 [EXCLUSIVE; ANCHOR] A different impression: please specify

17a. [IF Q17=03] What information is new to you?

- 01 [OPEN; TEXT]
- 99 Don't know

Here's the next ad. [REPEAT Q15 to Q17 FOR 3 ADS IN THEME 2 – I.E., A TOTAL OF 3 TIMES FOR EACH RESPONDENT. LABEL VARIABLES: Q15_A, Q15_B, Q15_C_, Q15_D.]

Now we would like you to rank these ads. [SHOW IMAGE OF EACH PREVENTION CONCEPT; RANDOMIZE ORDER. ENSURE PRESENTATION OF SPOT_E AND SPOT_G CORRESPONDS TO THE VISUAL PRESENTED FOR Q15-Q17.]

16. In the box beside each ad, please assign the ad a rank of 1 to 3 with (1) being the ad you would be **most** likely to notice and (3) being the ad you would be least **likely** to notice. [PRESENT ADS SHOWN TO RESPONDENT]

- a. SPOT_E_1_Great_looking_brain OR SPOT_E_2_Great_looking_brain
- b. SPOT_F_Yes_Brainer

- c. SPOT_G_1_Don't_Forget OR SPOT_G_2_Remember
 - d. SPOT_D_Coach_VID
17. In the box beside each ad, please assign the ad a rank of 1 to 3 with (1) being the ad you feel is **most** compelling or powerful and (3) being the ad you feel is **least** compelling or powerful. [PRESENT ADS SHOWN TO RESPONDENT]
- a. SPOT_E_1_Great_looking_brain OR SPOT_E_2_Great_looking_brain
 - b. SPOT_F_Yes_Brainer
 - c. SPOT_G_1_Don't_Forget OR SPOT_G_2_Remember
 - d. SPOT_D_Coach_VID
18. In the box beside each ad, please assign the ad a rank of 1 to 3 with (1) being the ad that would be **most** likely to make you want to know more or change your behaviour and (3) being the ad that would be **least** likely to make you want to know more or change your behaviour. [PRESENT ADS SHOWN TO RESPONDENT]
- a. SPOT_E_1_Great_looking_brain OR SPOT_E_2_Great_looking_brain
 - b. SPOT_F_Yes_Brainer
 - c. SPOT_G_1_Don't_Forget OR SPOT_G_2_Remember
 - d. SPOT_D_Coach_VID
19. After having seen these ads, how likely are you to do the following?
- [GRID; ROWS=ITEMS A-B; ROTATE; COLUMNS: 1=VERY UNLIKELY, 2=UNLIKELY, 3=NEUTRAL, 4=LIKELY, 5=VERY LIKELY, 99=DON'T KNOW]
- a. Search online for more information about how to prevent dementia
 - b. Think about your risk factors for dementia
 - c. Take steps to try to reduce your risk of developing dementia
20. [IF Q21a=04, 05] You indicated that you are [likely / very likely] to search online for information about dementia. What type of information do you think you would look for?
- Select all that apply**
- [ROTATE ORDER OF ITEMS]
- 01 Risk factors of dementia
 - 02 Early signs of dementia
 - 03 Symptoms of dementia
 - 04 Type of dementia
 - 05 How to help prevent dementia
 - 06 Treatment options
 - 88 [ANCHOR] Other: please specify

Knowledge and Attitudes [Post-Ad Presentation]

You're almost finished the survey.

21. Now that you've see the ads, how would you rate your knowledge of dementia?

- 01 Not at all knowledgeable
- 02 A little knowledgeable
- 03 Moderately knowledgeable
- 04 Knowledgeable
- 05 Very knowledgeable
- 99 Prefer not to answer

22. To the best of your knowledge, please indicate if each of the following statements is true or false:

[GRID; ROWS=ITEMS A-F; ROTATE; COLUMNS: 1=TRUE, 2=FALSE, 99=DON'T KNOW]

- a. There are things we can do to reduce the risk of developing dementia.
- b. The risk of developing dementia is higher among people with chronic health conditions, such as hypertension, heart disease, and diabetes.
- c. Dementia is an inevitable or normal part of aging.
- d. People with dementia can't function on their own.
- e. People living with dementia can no longer feel and react to emotions.
- f. People living with dementia generally face a lower quality of life than people without dementia.

23. To what extent do you agree or disagree with the following statement...?

I would feel uncomfortable interacting with someone living with dementia because I am not sure how to talk to or support/help the person

- 01 Strongly disagree
- 02 Disagree
- 03 Neutral
- 04 Agree
- 05 Strongly agree
- 99 I don't know

Demographics

These last few questions will be used for statistical purposes only.

24. Who, if anyone, do you know that is living/has lived with dementia?

Select all that apply

- 01 Myself
- 02 My spouse/partner
- 03 A parent
- 04 Extended family member
- 05 A friend
- 06 Neighbour
- 07 Colleague at work
- 08 Patients
- 09 No one

- 88 Other (Please specify):
99 Prefer not to answer
25. Do you provide care or assistance to a family member or friend living with dementia? This can range from being this person's primary caregiver to more informal activities, such as checking in with them regularly to ensure they are safe, taking them to appointments, or running errands for them.
- 01 Yes
02 No
99 Don't know
26. What is the highest level of formal education that you have completed?
- 01 Less than a High School diploma or equivalent
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
99 Prefer not to answer
27. Which of the following best describes your total household income last year, before taxes, from all sources for all household members?
- 01 Under \$20,000
02 Between \$20,000 and \$39,999
03 Between \$40,000 and \$59,999
04 Between \$60,000 and \$79,999
05 Between \$80,000 and \$99,999
06 Between \$100,000 and \$149,999
07 \$150,000 or above
99 Prefer not to answer
28. What language do you speak most often at home?
- Select all that apply**
- 01 English 1
02 French 2
88 Other (Please specify):
99 Prefer not to answer
29. What are the first three characters of your postal code?
- 01 [OPEN; TEXT]
99 Don't know

Completion Page

That concludes the survey. Thank you very much for your feedback. The results will be available at the Library and Archives Canada website in the coming months.

Qualitative Research Instruments

A. Recruitment Screener

Eligibility

INTRODUCTION: Hello/Bonjour, my name is [INSERT]. I'm calling from Phoenix Strategic Perspectives, a Canadian public opinion research firm. We are organizing a series of discussion groups on issues of importance to Canadians, on behalf of the Public Health Agency of Canada. We are looking for people 18+ who would be willing to participate in a discussion group. Are you at least 18 years of age?

Would you prefer to continue in English or French? / Préférez-vous continuer en français ou en anglais?

[RECRUITER NOTE: FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH, "Malheureusement, nous recherchons des gens qui parlent anglais pour participer à ces groupes de discussion. Nous vous remercions de votre intérêt." FOR FRENCH GROUP, IF PARTICIPANT WOULD PREFER TO CONTINUE IN ENGLISH, PLEASE RESPOND WITH, "Unfortunately, we are looking for people who speak French to participate in this discussion group. We thank you for your interest."]

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 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 no particular individual can be identified. Those who participate will receive an honorarium to thank them for their time.

The information collected will be used for research purposes only and handled according to the Privacy Act of Canada.*

*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/>).]

1. Would you be interested in taking part in this study?

- 01 Yes [CONTINUE]
- 02 No [THANK AND TERMINATE]

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 TERMINATE]

3. We have been asked to speak to participants from all different ages. May I have your age please?

RECORD: _____. [RECRUIT A MIX BY AGE WITHIN STUDY SPECIFICATIONS.]

- 01 18 to 24 years [CONTINUE]
- 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 DK/NR [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. Are you...? [READ LIST] [MIX FOR AUDIENCES 2, 3 and 4A. FOR AUDIENCE 1 RECRUIT 7 WOMEN AND 3 MEN; FOR AUDIENCE 4B RECRUIT 3 WOMEN AND 2 MEN]

- 01 Female
- 02 Male
- 03 Or please specify. [TEXT]
- 04 DO NOT READ: Prefer not to say [RECORD BY OBSERVATION]

5. Do you or a member of your household work for...? [READ LIST]

- a. A marketing research, public relations firm, or advertising agency
- b. The media (i.e., radio, television, newspapers, magazines, etc.)
- c. A federal or provincial government department or agency
- d. An organization involved in caring for or advocating for persons living with dementia

- 01 Yes [THANK AND TERMINATE]
- 02 No [CONTINUE]
- 03 DK/NR [THANK AND TERMINATE]

6. What is your current employment status? [READ LIST IF HELPFUL]

- 01 Working full-time
- 02 Working part-time
- 03 Self-employed
- 04 Retired
- 05 Unemployed/homemaker
- 06 Student

- 07 Other. Specify.
- 08 DK/NR [THANK AND TERMINATE]

[IF Q6=04,05,06,07, SKIP TO Q9]

7. [IF Q6=01,02,03] Do you work in any of the following sectors in a position that requires you to interact with people? [READ LIST]

- 01 Retail [CONTINUE]
- 02 Transportation [CONTINUE]
- 03 Banking [CONTINUE]
- 04 Restaurant/bar/hospitality [CONTINUE]
- 04 None of these [SKIP TO Q9]
- 05 DK/NR [THANK AND TERMINATE]

8. [IF Q7=01,02,03] What is your position or job title? [RECRUIT A GOOD MIX]

- 01 Customer service representative [QUALIFIES FOR AUDIENCE 3; GO TO Q12]
- 02 Cashier [QUALIFIES FOR AUDIENCE 3; GO TO Q12]
- 03 Sales staff [QUALIFIES FOR AUDIENCE 3; GO TO Q12]
- 04 Bank teller [QUALIFIES FOR AUDIENCE 3; GO TO Q12]
- 05 Bus or transit driver [QUALIFIES FOR AUDIENCE 3; GO TO Q12]
- 06 Taxi or uber driver [QUALIFIES FOR AUDIENCE 3; GO TO Q12]
- 07 Waiter/waitress/hostess/service staff [QUALIFIES FOR AUDIENCE 3; GO TO Q12]
- 08 Other [ASK FOR DESCRIPTION; IF FRONT-LINE, ACCEPT AND GO TO Q12]
- 09 None of these [SKIP TO Q9]
- 10 DK/NR [THANK AND TERMINATE]

9. Do you provide care or assistance to a family member or friend living with dementia? This can range from being this person’s primary caregiver to more informal activities, such as checking in with them regularly to ensure they are safe, taking them to appointments, or running errands for them.

- 01 Yes [QUALIFIES FOR AUDIENCE 4A: CAREGIVERS; GO TO Q12]
- 02 No [CONTINUE FOR ALL OTHER GROUPS]
- 03 DK/NR [THANK AND TERMINATE]

10. Have you been diagnosed with dementia?

- 01 Yes [GO TO Q10a]
- 02 No [CONTINUE TO Q11 FOR OTHER GROUPS]
- 03 DK/NR [THANK AND TERMINATE]

10a. [IF Q10=01] Would you be comfortable and able to participate in an online focus group that would last 2 hours?

- 01 Yes [QUALIFIES FOR AUDIENCE 4B; MEET GENDER QUOTAS; GO TO Q12]
- 02 No [THANK AND TERMINATE]
- 03 DK/NR [THANK AND TERMINATE]

11. [IF AGE 40+] 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
- 02 [IF 45+] Obesity
- 03 [IF 45+] Diabetes
- 04 High cholesterol
- 05 DK/NR [THANK AND TERMINATE]

IF YES TO ANY OF THE ABOVE, QUALIFIES FOR AUDIENCE 2: THOSE AT HIGHER RISK OF DEVELOPING DEMENTIA. CONTINUE TO ENSURE A GOOD MIX.

12. What is the highest level of education that you have completed? ENSURE GOOD MIX WITHIN STUDY SPECIFICATIONS.

- 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 DK/NR [THANK AND TERMINATE]

EVERYONE ELSE WHO IS AGED 25+ AND NOT AUDIENCE 2, 3 OR 4 = AUDIENCE 1: ADULTS AGED 25 AND OLDER. ENSURE GENDER QUOTAS MET.

Industry Screening and Consent

13. 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 [GO TO Q16]
- 03 DK/NR [THANK AND TERMINATE]

14. When did you last attend one of these discussion groups or interviews?

- 01 Within the last 6 months [THANK AND TERMINATE]
- 02 6 months to under 2 years [CONTINUE]
- 03 2 or more years [GO TO Q16]
- 04 DK/NR [THANK AND TERMINATE]

15. How many discussion groups have you attended in the past 5 years?

- 01 Fewer than 5 [CONTINUE]
- 02 5 or more [THANK AND TERMINATE]

16. 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 [CONTINUE]
- 02 No [THANK AND TERMINATE]
- 03 DK/NR [THANK AND TERMINATE]

17. There may be some people from the Government of Canada, in this case, the Public Health Agency of Canada and Health Canada, observing the groups. They will not take part in the discussion. They will be attending to hear your opinions firsthand although they may take their own notes and confer with the moderator to discuss additional questions to ask the group. Do you agree to be observed by employees of the Government of Canada?

- 01 Yes [CONTINUE]
- 02 No [THANK AND TERMINATE]
- 03 DK/NR [THANK AND TERMINATE]

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 up to 2 hours. You will receive an honorarium of \$[INSERT AMOUNT] for your time.

18. Are you willing to attend?

- 01 Yes [CONTINUE]
- 02 No [THANK AND TERMINATE]
- 03 DK/NR [THANK AND TERMINATE]

19. 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? Information regarding how to participate will be sent to you by email in the coming days.

Yes: ENTER EMAIL ADDRESS: _____

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, can 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.

B. 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're conducting research on behalf of the Public Health Agency of Canada.
 - We'll be asking for opinion on materials being considered for an advertising campaign.
 - The discussion will last approximately two hours.
- 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'd like to hear from everyone, so we have a range of opinions.
 - I'll try to call on you, but feel free to wave if you want to contribute.
- Explanations.
 - Comments treated in confidence.
 - Anything you say during these groups will be held in confidence.
 - Our report summarizes the findings but does not mention anyone by name.
 - We encourage you to not provide any identifiable information about yourself.
 - Your responses will in no way affect any dealings you have with the Government of Canada.
 - The session is being recorded. The recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent.
 - Recording is for report writing purposes/verify feedback.
 - There are people from the Public Health Agency of Canada involved in this project who will be observing tonight's online session.
 - Purpose: oversee the research process and see your reactions first-hand.
- Any questions?
- Roundtable introduction: Please tell us your first name.

Context (20 minutes)

ADULTS 25+, HIGHER RISK, FRONT-LINE STAFF

1. What comes to mind when you hear the term 'dementia'? [DO NOT LINGER; INTERESTED IN TOP-OF-MIND REACTIONS]
2. Is dementia something that worries or concerns you? (If not concerned ask: Do you think you are at risk?)
3. Do you personally know someone living with dementia? [HAND COUNT]
4. Do you think people in the community know how to properly interact and communicate with people living with dementia?

ASK ADULTS 25+, HIGHER RISK

5. How comfortable are you communicating and interacting with a person living with dementia? Why is that? [WATCH FOR, AND RECORD, DIFFERENCES BETWEEN THOSE WHO KNOW SOMEONE LIVING WITH DEMENTIA AND THOSE WHO DO NOT] Based on what you know now, what do you think would be the best way to communicate and interact with a person living with dementia? [WAIT FOR TOP-OF-MIND FEEDBACK] Now, I understand that how you might communicate and interact with someone could depend on the specific situation, so let's focus on scenarios...can anyone describe how they might handle a specific situation? [WAIT FOR RESPONSES. IF NEEDED, OFFER THIS EXAMPLE: How about this one: you are in line at an ATM. A person living with dementia is at the ATM in front of you and is struggling with his/her bank card (either not finding the right card or not remembering the pin). He/She is clearly confused and is beginning to be agitated. Tell me how you would react.] What about everyone else...can you give me another example?

ASK FRONT-LINE STAFF IN SERVICE SECTOR:

6. To your knowledge, have you ever interacted with clients or customers who have dementia in the course of your job-related responsibilities? [HAND COUNT*] If so, how did you become aware of this? How, if at all, did it affect your interaction with them?
7. ***IF NO ONE HAS BEEN IN A SITUATION:** How do you think you would know that a client or customer you are interacting with has dementia? How would you interact with this person? Now, I understand that how you might communicate and interact with someone could depend on the specific situation, so let's focus on scenarios...can anyone describe how they might handle a specific situation in their workplace? [WAIT FOR RESPONSES. IF NEEDED, OFFER THIS EXAMPLE: How about this one: you are a cashier in a grocery store. A person with dementia is ready to pay but is struggling with his/her bank card (either not finding the right card or not remembering the pin). The person is clearly confused, is struggling to find words and is becoming agitated. Tell me how you would react.] What about everyone else...can you give me another example?
8. Do you currently feel well equipped in your workplace to effectively interact with people living with dementia?
9. [ADJUST WORDING AS NEEDED BASED ON FEEDBACK FROM PREVIOUS QUESTIONS] Can you think of any stigmas, or negative attitudes and beliefs, associated with dementia that might adversely affect the lives of people living with that condition? [IF NEEDED, CLARIFY WHAT STIGMA MEANS: In this context, stigma refers to negative views that might lead to discrimination and negative actions towards someone because of their condition]. [PROBE FOR EXAMPLES].
10. Have you ever looked for information about dementia? [HAND COUNT] If so, what were you looking for and why? Where did you look for this information? Were you able to find what you were looking for? If not, why not?

IF NEVER LOOKED FOR INFORMATION:

11. If you were to look for information about dementia, is there anything in particular you would want to know? What and why?

PEOPLE WITH DEMENTIA AND CAREGIVERS

The reason that you are together as a group this evening is that you are someone who has been diagnosed with dementia or someone caring for a person with dementia.

WHEN ASKING THESE QUESTIONS, ESPECIALLY TO PEOPLE WITH DEMENTIA, BE ATTENTIVE TO ANY HESITANCY OR RELUCTANCE TO DISCUSS THESE ISSUES AND LIMIT PROBING ACCORDINGLY.

12. Is there anything you have learned as a result of your condition or as a result of caring for someone with dementia that you wish you had known before being in this situation? If so, what?
13. What kinds of daily challenges or obstacles face people living with dementia? [WATCH FOR COVID-19 CONTEXT CHALLENGES; RECORD SEPARATELY FROM GENERAL/NON-PANDEMIC CHALLENGES. PROBE FOR NON-PANDEMIC CHALLENGES IF PARTICIPANTS FOCUS ON COVID-19.]
14. [ADJUST WORDING AS NEEDED BASED ON FEEDBACK FROM PREVIOUS QUESTIONS] Are there any stigmas, or negative attitudes and beliefs, associated with dementia that adversely affect the lives of those living with this condition? [IF NEEDED, CLARIFY WHAT STIGMA MEANS: In this context, stigma refers to negative views that might lead to discrimination and negative actions towards someone because of their condition]. If so, what are they? [PROBE FOR EXAMPLES]
15. Do you think people in the community know how to interact and communicate with people living with dementia? Why do you say that? [PROBE FOR EXAMPLES]
16. In your opinion, what are the most important things Canadians in general need to know about dementia? Anything else?

Review of creative concepts (90 minutes)

Tonight we'll be asking you to review advertising materials being considered for a public awareness campaign the Public Health Agency of Canada is developing to educate Canadians about dementia.

The materials focus on two themes: stigma reduction and dementia prevention. You will see animated storyboards and static images. An animatic is a tool used to help develop and test advertisement. The animatics could eventually appear as ads on TV or as videos on social media. The images could be used as posters, billboards, or banners on websites.

A: STIGMA THEME – 45 minutes

For the theme of stigma reduction, I have three animated storyboards to show you. Let's start with the first ad which I'll call concept... [A, B, C]. Take a minute to watch the ad I'm going to play it twice and then I'd like you to answer the following three questions [POINT TO POLL AND EXPLAIN HOW TO USE AS NEEDED]. Please keep your reaction to yourself until we discuss it as a group.

STIGMA ANIMATICS:

A (Parking spot)

B (Groceries)

C (Golfing)

ROTATE PRESENTATION ACROSS GROUPS

POLL:

To what extent, if at all, does the ad do the following:

A. Grab your attention.

B. Provide a message that is clear and easy to understand.

C. Elicit an emotion, whether that is sadness, joy, fear, anger, etc.

SCALE: 1=Not at all, 2=To a small extent, 3=To a moderate extent, 4=To a great extent

Now let's talk about this ad as a group.

FOR EACH AD, ASK THE FOLLOWING:

MODERATOR: If there are comments about wanting to know what the ad is about at the beginning, or making the word dementia more prominent on the image, ask if they would be compelled to listen to it or disregard it as it's not relevant to them.

17. What is your overall impression of this ad? Why do you say that?

- Probe:
 - Positive, neutral, negative impressions
 - *CHECK POLL RESULTS* What kind of emotional reaction does it elicit?

18. What message is this ad trying to communicate? *CHECK POLL RESULTS* Does it communicate the message clearly? Why/why not?

- Specific probes:
 - Parking spot ad: Can you relate to the situation the ad shows and the emotions felt by the woman? How does this ad make you feel?
 - Groceries ad: How does this ad make you feel? Are the statistics surprising?
 - Golfing ad: How does this ad make you feel?
- [IF NOT RAISED BY PARTICIPANTS] Call to Action probe:
 - What is the ad asking you to do? Is this clear? If not, why not?

19. Is the situation being depicted realistic, credible? Why/why not?

- PLWD and caregivers: Is it plausible that a person living with dementia would react/act this way? [PROBE FOR VERY SPECIFIC EXAMPLES OF WHAT IS AUTHENTIC AND WHAT IS NOT CREDIBLE OR REALISTIC AND FOR AREAS OF CHANGE TO IMPROVE AUTHENTICITY.]

20. What about the tone of the ad... is it appropriate?

- Probe:

- Is anything inappropriate, disturbing, offensive?

ONLY ASK ADULTS 25+, HIGHER RISK, FRONT-LINE STAFF:

21. Does this ad motivate you to want to learn more about dementia and people living with the condition? Why/why not?
22. [USE ONLY IF SUGGESTIONS/CHANGES ARE NOT OFFERED] What changes, if any, would you suggest in order to make this ad more effective or meaningful?

Let's turn to the next ad. Once again, please keep your reaction to yourself until we discuss it as a group.

PLAY AD THEN REPEAT QUESTIONS 17-22. ONCE ALL THREE ADS HAVE BEEN TESTED, ASK:

Now that you've reviewed the three ads, I'm going to ask you to compare them. Let's have another look at each of them. [SHOW ADS ONE AFTER THE OTHER, REVERSING THE ORIGINAL ORDER OF PRESENTATION].

23. Which of these ads do you think would be most effective in terms of attracting and sustaining your attention, in the sense that you would watch it from start to finish? [POINT TO POLL AND EXPLAIN HOW TO USE AS NEEDED]. *REVIEW POLL RESULTS:* Why did you select _____?
24. Which of these ads do you think would be most effective in terms of resonating with you on a personal level? [POINT TO POLL AND EXPLAIN HOW TO USE AS NEEDED]. *REVIEW POLL RESULTS:* Why is that?

ONLY ASK ADULTS 25+, HIGHER RISK, FRONT-LINE STAFF:

25. Which of these ads do you think would be most effective in terms of motivating you to learn more about dementia and people living with the condition? [POINT TO POLL AND EXPLAIN HOW TO USE AS NEEDED]. *REVIEW POLL RESULTS:* Why is that?

B: PREVENTION THEME – 45 minutes

Let's now turn to the second theme of the ad campaign, prevention. I have one animated storyboard and three images to show you.

Let's start with the first ad which I'll call concept... [A, B, C, D]. Take a minute to WATCH THE AD/LOOK AT THE IMAGE and then I'd like you to answer the following three questions [POINT TO POLL AND EXPLAIN HOW TO USE AS NEEDED]. Please keep your reaction to yourself until we discuss it as a group.

PREVENTION:

- D (The Coach) - Animatic
- E (Great looking brain) – [2 executions; rotate treatments; 1 per group]
- F (Yes Brainer) – Image
- G (Don't Forget/Remember) – Image [2 executions; present both in each group]

ROTATE PRESENTATION ACROSS GROUPS

POLL:

To what extent, if at all, does the ad do the following:

- A. Grab your attention.
- B. Provide information that is clear and easy to understand.
- C. Make you want to learn more.

SCALE: 1=Not at all, 2=To a small extent, 3=To a moderate extent, 4=To a great extent

Now let's talk about this ad as a group.

FOR EACH AD, ASK THE FOLLOWING:

MODERATOR: If there are comments about wanting to know what the ad is about at the beginning, or making the word dementia more prominent on the image, ask if they would be compelled to listen to it or disregard it as it's not relevant to them.

26. What is your overall impression of this ad / these ads [FOR DON'T FORGET/REMEMBER]? Why do you say that?
- Probe:
 - Positive, neutral, negative impressions
 - *CHECK POLL RESULTS* ASK ONLY FOR COACH: What kind of reaction does it elicit?
27. What message is this ad / are these ads [FOR DON'T FORGET/REMEMBER] trying to communicate? *CHECK POLL RESULTS* Does it communicate the message clearly? Why/why not?
- Probe:
 - Is anything unclear or confusing? If so, what?
 - Is the overall concept clear?
 - THE COACH [IF NOT RAISED BY PARTICIPANTS] Call to Action probe:
 - What is the ad asking you to do? Is this clear? If not, why not?
28. Is this ad / Are these ads [FOR DON'T FORGET/REMEMBER] meaningful to you personally...do you find it / them relevant? Why/why not?
- Probe:
 - ASK ONLY FOR COACH: Is the situation being depicted realistic, credible? Why/why not?
29. What about the tone of the ad / these ads [FOR DON'T FORGET/REMEMBER] ... is it appropriate?
- Probe:
 - Is anything inappropriate, disturbing, offensive?

ONLY ASK ADULTS 25+, HIGHER RISK, FRONT-LINE STAFF:

30. Does this ad motivate you to learn more about how to reduce the risks of dementia?
Why/why not?

ONLY FOR DON'T FORGET/REMEMBER:

31. [IF A PREFERENCE IS NOT CLEAR AT THIS POINT] Which of the two ads do you prefer for this concept and why?
32. [USE ONLY IF SUGGESTIONS/CHANGES ARE NOT OFFERED] What changes, if any, would you suggest in order to make this ad / these ads [FOR DON'T FORGET/REMEMBER] more effective, clear, or meaningful?

SHOW NEXT AD THEN REPEAT QUESTIONS 26-32. ONCE ALL FOUR ADS HAVE BEEN TESTED, ASK:

Now that you've reviewed the four ads, I'm going to ask you to compare them.

33. Which of these ads do you think would be most effective in terms of motivating you to change your behaviour with a view to reducing your risk of developing dementia? [POINT TO POLL AND EXPLAIN HOW TO USE AS NEEDED]. *REVIEW POLL RESULTS:* Why did you select _____?
34. Which of these ads do you think would be most effective in terms of resonating with you on a personal level? [POINT TO POLL AND EXPLAIN HOW TO USE AS NEEDED]. *REVIEW POLL RESULTS:* Why is that?

ONLY ASK ADULTS 25+, HIGHER RISK, FRONT-LINE STAFF:

35. Which of these ads do you think would be most effective in terms of motivating you to look for information about how to reduce the risks of dementia? [POINT TO POLL AND EXPLAIN HOW TO USE AS NEEDED]. *REVIEW POLL RESULTS:* Why is that?

Conclusion (5 minutes)

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.

36. Do you have any thoughts about the design of any future creative concepts and/or supporting materials related to a public awareness campaign about dementia?
37. Does anyone have any last thoughts or feedback to share with the Public Health Agency of Canada about the topic?