



TOgether Healthier: Development of a Health Equity Social Marketing Campaign Using a 12-Step Approach

Renira Narrandes
MPH Candidate, University of Toronto
rnarrand@alumni.uwo.ca

Under the Supervision of:
Sara Farrell
Health Promotion Specialist, Toronto Public Health
sfarrell@toronto.ca

Working Closely with:
Sandra Guerra
Partnership Coordinator, Toronto South Local Immigration Partnership
SGuerra@woodgreen.org

August 2015

Table of Contents

INTRODUCTION & CAMPAIGN OVERVIEW	4
Goals of this Report.....	4
Overall Purpose of the Campaign.....	4
Campaign Rationale.....	4
Target Population.....	5
Campaign Objectives.....	5
Campaign Components.....	6
Unique Logo.....	6
Print Poster.....	6
Digital Poster.....	6
Postcard.....	6
Website.....	6
Unique Twitter Hash Tag.....	7
CAMPAIGN DEVELOPMENT	8
Previous Work.....	8
Preliminary Work.....	8
Social Marketing & Brainstorming Interactive Session.....	9
12-Step Approach.....	9
Initial Timeline.....	10
Timeline Changes.....	13
Determination of Target Population.....	14
Logo Development.....	14
Message Development.....	15
Focus Groups.....	16
Poster and Postcard Development.....	18
Next Steps.....	18
CHALLENGES & LIMITATIONS.....	19
Lack of Time & Resources.....	19
Utility of 12-Step Approach.....	19
RECOMMENDATIONS.....	21
REFERENCES.....	22
APPENDIX.....	23
Appendix A: Target Population Research.....	23
Appendix B: Unique Logo.....	27
Appendix C: Print Poster.....	28
Appendix D: Postcard.....	29

Appendix E: Website Draft.....	30
Appendix F: Systemic Issues Health Equity Social Marketing Campaign DRAFT.....	31
Appendix G: May 14 Social Marketing Session Worksheet.....	32
Appendix H1: Chronological Timeline.....	37
Appendix H2: August 11, 2015 Timeline.....	39
Appendix I1: First Logo Drafts.....	41
Appendix I2: Additional Logo Drafts.....	42
Appendix J: TOgether Healthier Social Marketing Campaign Backgrounder.....	43
Appendix K1: Focus Group Recruitment Poster.....	46
Appendix K2: Focus Group Interview Guide.....	47
Appendix K3: Focus Group Message Consultation Sheet.....	50
Appendix K4: Focus Group 1 Notes.....	51
Appendix K5: Focus Group 2 Notes.....	55

Introduction & Campaign Overview

This report describes the development of the TOgether Healthier campaign from May 5 to August 21, 2015. This is the time period that a Master of Public Health (MPH) student from the University of Toronto was assigned to work on the project as part of a student placement at Toronto Public Health (17.5 hours/week).

The TOgether Healthier campaign is an initiative of the Systemic Issues and Social Change Working Group (SISCWG), a city-wide group that aims to address systemic issues of equity in health and employment. The group includes members from all 5 of Toronto's Local Immigration Partnerships (LIPs). Each LIP, funded by Citizenship and Immigration Canada, is a network of agencies that work together to coordinate services for newcomers.

Members of the SISWG include Toronto Public Health, WoodGreen Community Services, Agincourt Community Services Association, Yonge Street Mission, and the 519 Church Street Community Centre, among others.

Goals of this Report

By documenting the development of the TOgether Healthier Campaign, the MPH student hopes to achieve 3 goals:

1. Offer a rationale for further investment in the campaign by providing a thorough and evidence-based account of its development
2. Provide a case study for others who want to learn how to develop a health campaign
3. Contribute to the field of Health Communication by analyzing the development process, including the *12 Steps to Developing a Health Communication Campaign* (Public Health Ontario, 2012)

Overall Purpose of the Campaign

TOgether Healthier plans to run a different campaign about newcomer health and health equity issues every 1-2 years, each with unique messages and objectives. The purpose of the 2015 campaign is to raise awareness of newcomer health issues, as well as to start a conversation about these issues.

Campaign Rationale¹

National and provincial research shows that newcomers are healthier, overall, than Canadian-born residents. However, within 5 years, newcomers lose this health advantage.

¹ The majority of the rationale section was written by Sara Farrell

There is strong evidence showing that, over time, the health of immigrants gets worse. This includes a worsening of overall health status, chronic disease, mental health, and other aspects of health- and this is true for newcomers who arrive in good health and for those who arrive with pre-existing health issues.

Social and economic exclusion have a major impact on newcomers' health. Newcomers begin to experience marginalization almost immediately after arrival. High rates of unemployment, precarious types of employment and work environments, income insecurity, discrimination, social isolation, housing insecurity, and barriers to health and other services result in declining health among newcomers.

This decline in newcomers' health ultimately affects us all, resulting in greater costs to not only our health care system, but our entire economy. A recent report by Toronto Public Health and Access Alliance Multicultural Health and Community Services (2011) estimates that non-recognition of newcomers' qualifications and work experience costs Toronto's economy \$1.5 billion in lost productivity annually.

The findings underscore the need to expand and coordinate efforts across all levels of the government, health, settlement, and other sectors to improve the situation for newcomers. TOgether Healthier recommends that a newcomer lens be applied to all policy changes that affect newcomers' health, as well as their social and economic positions. The campaign requests people to visit the website, sign the online letter, and join the conversation on Twitter.

Target Population

After conducting a brief literature review, it was found that younger, university-educated Canadians have more favourable attitudes towards immigrants and immigration issues. The target population was thus proposed to be university and college students in Toronto. A secondary target audience of existing networks within the public health, settlement, and community sectors was chosen as this broad group is likely to be working towards similar goals and likely to be supportive of the campaign. For more information on how the target population was determined, see Appendix A.

Campaign Objectives

The objectives of the 2015 TOgether Healthier campaign are to raise awareness of newcomer health issues by:

- Obtaining 500 visits to the TOgether Healthier campaign website by October 31, 2015
- Starting a conversation about newcomer health on Twitter, with at least 50 #togetherhealthier mentions by October 31, 2015
- Having 200 people sign the online letter, which asks the leaders of the Conservative, Liberal, NDP, and Green parties to put a newcomer lens on new policies, by October 19, 2015

Campaign Components

The campaign includes six components:

1. Unique logo
2. Print Poster
3. Digital Poster
4. Postcard
5. Website
6. Unique Twitter Hash Tag

Unique Logo

A unique logo for TOgether Healthier was designed by Serena Sonnenberg, a volunteer graphic designer and architecture student from Texas. There is a gray version and a blue version, both of which can be seen in Appendix B. The logo was used on the posters, postcard, and website and will be used on all future campaign communications.

Print Poster

The print poster features the slogan, “Coming to Canada Shouldn’t be a Health Risk”, as well as some additional information, the URL for the campaign website, and the unique Twitter hash tag. The final version of the poster can be found in Appendix C; however, the quality has been compromised by pasting the image in this document.

The print poster measures 11” by 17” and will be posted within the University of Toronto St. George campus, as well as in various public health, settlement, and community settings within the SISCWG’s existing networks. The total cost of the posters will be \$120 for 250 posters.

The poster was designed by Serena Sonnenberg.

Digital Poster

An electronic version of the poster was created to make online sharing easier. The poster will be circulated via email to the SISCWG’s existing networks, as well as to any interested parties. It will also be shared on relevant Twitter and Facebook pages.

Postcard

A two-sided postcard was created for easy distribution to members within the SISCWG’s network. The final version of the postcard can be found in Appendix D; once again, the quality of the postcard in this document does not reflect the actual quality. The postcard measures 5” by 7”, and 10,000 will be printed for a total cost of \$325.

Website

The TOgether Healthier website is the information hub of the campaign, providing visitors with additional information about the SISCWG, the campaign, and newcomer health, including how the social determinants of health affect newcomers’ health. There are also additional resources and links to relevant reports, including *The Global City: Newcomer Health in Toronto* by Toronto Public Health and Access Alliance Multicultural Health and Community Services (2011). The site also has a section called “Get Involved”, where

visitors are asked to sign a letter, which asks the leaders of the Conservative, Liberal, NDP, and Green parties to put a newcomer lens on new policies. Visitors are also invited to start a conversation on Twitter and are provided with a list of volunteer opportunities at various organizations in the city.

The August 18, 2015 draft of the website can be found in Appendix E. The website is currently under construction and is expected to go live on September 7, 2015 at bit.ly/togetherhealthier. The site was created for free with Wix.

Unique Twitter Hash Tag

The Twitter hash tag, #togetherhealthier, has been created for the campaign and will allow the SISCWG to track how many people have engaged in online conversation about newcomer health.

Campaign Development

Previous Work

The SISCWG had been working for over year to increase the general public's awareness that the health of newcomers affects everyone's health. In 2014, the group attempted to draw existing advocacy groups together to create one newcomer health advocacy group; however, this strategy was not successful. The group was nevertheless determined to develop a health equity campaign.

In the summer of 2014, a student at Toronto Public Health wrote a 14-page report titled *Proposed ideas for a health equity campaign targeting newcomers*. The report included the following sections:

1. Defining Health Equity
2. Towards a Health Equity Definition for Newcomers
3. The Importance of a Health Equity Campaign for Migrant Populations in TO
4. Existing Health Equity Campaigns
5. Existing Health Equity Campaigns: Lessons Learned
6. Campaign Brainstorming
7. Potential Internal Resources

The report found that there were no existing health equity campaigns that focused on newcomers. Furthermore, the term "health equity" was not explicitly used when discussing newcomer issues. This meant the SISCWG could fill a gap by developing a health equity campaign focused specifically on newcomers.

Two other findings from the report would help guide campaign development. Firstly, it was found that demonstrating a real, tangible health inequity is crucial when promoting tools for action. This meant that the proposed campaign needed to provide a strong and specific explanation about how newcomers experience health inequity. Secondly, the report recommended that the term "health equity" not be used, as it would likely not be understood by the general public. This meant that the proposed campaign would need to be creative in developing its messages; the focus would be on explaining the concept rather than using specific terms.

Earlier in 2015, a draft proposal for a health equity social marketing campaign was created. This can be found in Appendix F.

Preliminary Work

The MPH student met with her supervisor (Health Promotion Specialist, Urban Issues, Toronto Public Health) and the Partnership Coordinator at the Toronto South LIP on May 5, 2015 to learn more about the proposed campaign. Together, the three made up the

campaign planning committee. The student was also given background materials to review (the campaign draft, the proposed ideas report, and information about the SISCWG).

Social Marketing & Brainstorming Interactive Session

On May 14, the student facilitated a 1.5 hour social marketing and brainstorming interactive session with the SISCWG. The purpose of the session was to present social marketing concepts to the group, as well as to brainstorm ideas about the purpose, message, tone, target population, and “asks” of the campaign. This involved presenting the “8 Ps” of social marketing: product, price, place, promotion, publics, partnership, policy, purse strings (Lombardo & Leger, 2007) and applying the concepts to the proposed campaign. The student created a worksheet for the session, which can be found in Appendix G. The worksheet includes a definition for each of the “8 Ps”.

At the end of the session, the student received 11 worksheets back from the group. While some participants thought the purpose of the campaign should be to create awareness of newcomer health issues, other participants thought the campaign should do more than this and should ask the target population to do take some kind of action.

Several participants recommended that newcomers not be singled out in the message. That is, the message should not make newcomers seem separate from the rest of the population and should instead focus on community or population health. The group came up with two main ideas for the campaign message: (1) newcomers’ health affects everyone’s health/we are all connected; (2) everyone is entitled to healthcare. Other ideas included focusing on: the 3-month waiting period for OHIP coverage, cuts to the Interim Federal Health Program, research about precarious employment and other social determinants of health.

There was some discussion about the target population and tone of the campaign, but it was agreed that more research needed to be done before deciding on these. Similarly, participants felt that more work needed to be done before determining the specific “asks” of the campaign and thought that the difference between goals and asks needed to be made clear.

A copy of the May 14 PowerPoint presentation is available upon request. Please see the contact information on the cover page of this document.

12-Step Approach

The MPH student had recently taken a Health Communication course at the University of Toronto, which involved studying communication strategies for the public health sector. Based on this knowledge, the student identified the *12 Steps to Developing a Health Communication Campaign* (Public Health Ontario, 2012) as an approach that could help guide the campaign. The 12-step approach was originally developed by The Health Communication Unit at the Centre for Health Promotion, University of Toronto. Figure 1, below, lists the 12 steps.

Figure 1. 12 Steps to Developing a Health Communication Campaign



(Public Health Ontario, 2012)

Initial Timeline

After reviewing the toolkit produced by The Health Communication Unit (2009), which describes each communication step in detail, the student created a campaign timeline based on the 12 steps. Each communication step was broken down into tasks that needed to be accomplished, along with the partners involved in each task and the deadline. The first draft of the timeline was created on June 9, 2015. The June 15 version can be viewed in Table 1, below. This version of the timeline includes a brief description of each communication step. To make the timeline easier to use, it was re-ordered chronologically. The chronological timeline can be found in Appendix H1. The original timelines had additional notes, definitions, and comments attached, which have been removed from this document.

Table 1. Timeline, June 15, 2015

Communication Step	Task	Partners Involved	Date/Deadline
Project Management <i>Develop plan to manage stakeholder participation, time, money, other resources, data gathering and interpretation, and decision-making throughout the planning process.</i>	Establish clear decision-making process	Sara, Sandra, Renira	June 9
	Review preliminary timeline	Sara, Sandra, Renira	June 9
	Discuss evaluation possibilities	Sara, Sandra, Renira	June 9
	Determine evaluation methods	Sara, Sandra, Renira	Ongoing
Health Promotion Strategy <i>Establish or confirm a complete health promotion strategy.</i>	Determine relevant levels (individual, network, organization, society)	Sara, Sandra, Renira	June 9
	Establish health promotion strategy	Renira	June 17/18
	Develop logic model	Renira	June 17/18
	Ensure project team is supportive of strategy	Sara, Sandra, Renira, subgroup	Next Subgroup meeting, June 29/30
Audience Analysis <i>Collect demographic, behavioural, and psychographic information to create an audience profile.</i>	Complete research on target population	Sandra, Renira	June 19
	Develop audience profile (demographic, behavioural, psychographic)	Renira	June 19
	Determine target population	Sara, Sandra, Renira	Next meeting, June 24/25
	Determine tone/look of communication materials	Sara, Sandra, Renira	Next meeting, June 24/25
Communication Inventory <i>Make a list of the communication resources in your community and organization- including alliances/relationships. Assess the strengths and weaknesses of using these to deliver your message.</i>	Locate existing lists of communication resources OR develop list	Sara, Sandra	Next meeting, June 24/25
	Assess the strengths, weaknesses, and possibilities of using these resources to deliver campaign message	Sara, Sandra, (Renira)	Next meeting, June 24/25
Communication Objectives <i>Identify the bottom-line changes you hope the campaign will accomplish.</i>	Create SMART objectives	Sara, Sandra, Renira	Next meeting, June 24/25
Channels & Vehicles <i>Choose vehicles that will carry your message(s).</i>	Choose types of communication materials and places of distribution	Sara, Sandra, Renira	July 1
Combining & Sequencing <i>Combine and sequence channels and vehicles across timeline.</i>	Find out when all candidates meetings are taking place	Sara, Sandra, Renira	Ongoing
	Determine if any health equity/newcomer awareness days, conferences, or other events are taking place and when	Sara, Sandra, Renira	Ongoing
Message Strategy <i>Determine what you will “say” to your intended audience(s) to</i>	Determine the “what”, “so what”, and “now what”	Sara, Sandra, Renira	Next meeting, June 24/25
	Develop questions for target audience to ask MPs	Sara, Sandra	Next meeting, June 24/25

<i>reach your objectives, and how you will say it.</i>	Pilot test questions	Sara, Sandra, Renira, subgroup, networks	Next subgroup meeting June 29/30 2015
	Finalize questions for MPs	Sara, Sandra, Renira	July 1
	Develop campaign slogan	Sara, Sandra, Renira	June 9- next meeting, June 24/25
	Pilot test slogan	Sara, Sandra, Renira, subgroup, networks, public	Next subgroup meeting, June 29/30
	Finalize slogan	Sara, Sandra, Renira	July 1
	Develop a Twitter hash tag	Sara, Sandra, Renira	June 11- next meeting, June 24/25
	Pilot test Twitter hash tag	Sara, Sandra, Renira, subgroup, networks	Next subgroup meeting, June 29/30
	Finalize Twitter hash tag	Sara, Sandra, Renira	July 1, 2015
	Design draft poster(s)	Renira	July 9, 2015
	Develop draft poster(s)	Volunteer graphic designer	July 20, 2015
	Pilot test draft poster(s)	Sara, Sandra, Renira, subgroup, networks, public	<i>Systemic Issues and Social Change Working Group</i> or subgroup meeting, July * 2015
	Revise and finalize poster(s)	Volunteer graphic designer	July 30, 2015
	Develop “tombstone statement”	Renira	July 14, 2015
	Develop press kit if applicable (press release, backgrounder, FAQ sheet, posters)	Renira	July 30, 2015
Identity Development <i>Create an identity that will clearly communicate your image and your intended relationship with your audience.</i>	Create health equity logo/umbrella slogan	Sara, Sandra, Renira	June 9- next meeting, June 24/25
	Design health equity logo/umbrella slogan	Volunteer graphic designer	July 20, 2015
	Pilot test health equity logo/umbrella slogan	Sara, Sandra, Renira, subgroup, networks	Next <i>Systemic Issues and Social Change Working Group</i> or subgroup meeting, July * 2015
	Revise and finalize health equity logo/umbrella slogan	Volunteer graphic designer	July 30, 2015
Production of Materials <i>Develop specifications for each desired product, select and contract with suppliers to create your products.</i>	Determine number/size of posters	Sara, Sandra, Renira	July 30, 2015
	Print posters	Sara, Renira	August 11, 2015
	Determine number of press kits, if applicable	Sara, Sandra, Renira	July 30, 2015

	Print press kits, if applicable	Sara, Renira	August 11, 2015
Implementation <i>Implement campaign.</i>	Put posters up	Sara, Sandra, Renira (CHOs, LIP members, Health Pillar, local contacts, CHCs, libraries)	August 18, 2015
	Send out press release and press kits, if applicable	Sara, Renira	August 18, 2015
Evaluation <i>Gather, interpret, and act upon qualitative and quantitative information throughout the preceding 11 steps.</i>	TBD	Sara, Sandra, Renira	Ongoing

Timeline Changes

As is the case with many projects, not everything goes as planned. Certain tasks can be delayed, advanced, forgotten, or no longer necessary. A detailed account of all changes to the TOgether Healthier timeline would likely not advance the report goals listed on page 3; however, some key examples are discussed briefly below. Furthermore, the Challenges & Limitations section of this report provides more insight into the difficulties that can arise when planning a campaign.

Project Management

In this step, methods of evaluation are supposed to be determined. While evaluation was discussed in early meetings, it was hard to specify what the methods would be as the campaign “asks”, target population, objectives, and components were not yet determined. Without a good idea of what a campaign is actually going to do, it’s hard to know how to measure its success. After it was determined that one of the main components of the campaign would be a website, it was easy to see how tracking hits to the website would be one method of evaluation.

There was also not a lot of money to spend on the campaign, let alone the evaluation. Although The Health Communication Unit (2009) provides evaluation options for campaigns with minimal resources (p. 76), time constraints did not allow for a proper examination of these options.

Health Promotion Strategy

While a logic model is strongly recommended in this step, time did not allow for the creation of one. Instead, the planning committee relied on their existing health promotion knowledge.

Communication Objectives

The communication objectives are supposed to be developed fairly early in the planning process; however, they were not finalized until about the third week of August 2015. This was mainly due to the decision to run focus groups, which did not take place until the end of July 2015 (see the Focus Groups section on the next page). The committee realized that it

was important to find out more about what the target population knows and believes about newcomer health before designing messages and specifying objectives.

As plans change (new ideas are adopted, old ideas are discarded, forgotten tasks are remembered, etc.), it is important to revisit the timeline. On August 11, 2015, with only 10 days left in the placement and some tasks behind schedule, the MPH student created a new timeline, which can be found in Appendix H2. The timeline extends beyond the termination date of the placement as some tasks had been pushed back.

Determination of Target Population

The target population was discussed at the May 14 brainstorming session when participants reflected on one of the “8 Ps” of social marketing- publics. Publics refers to the primary (target) and secondary audiences of a campaign (Lombardo & Leger, 2007). The SISCWG seemed to agree that their existing network of community health and settlement partners should be a secondary audience. The group felt that more research needed to be done about attitudes towards newcomers before deciding on the target population; however, it was agreed that efforts should not be wasted on those with extreme political views that do not align with the campaign purpose and messages. Instead, it would be more effective to target those who are “on the fence” about newcomer health issues, as they are more likely to be convinced by the campaign’s messages.

On June 28, 2015, the MPH student conducted a brief literature review about attitudes towards immigrants and immigration issues. As mentioned earlier, it was found that younger, university-educated Canadians have more favourable attitudes towards immigrants and immigration issues. The target population was thus proposed to be university and college students in Toronto.

On June 29, the MPH student wrote a 3-page rationale in support of the target population (see Appendix A). On June 30, the target population rationale was reviewed and supported by a subcommittee of the SISCWG.

Logo Development

The SISCWG wanted the campaign logo to be general enough that it could be used for other newcomer health equity campaigns. “TOgether Healthier” was suggested at a planning committee meeting on June 25, 2015. “Healthier Together” was also considered, but not chosen, as: a) there seemed to already be a campaign under that name and b) using “Together” first would allow for emphasis of “TO” (an abbreviation commonly understood to stand for Toronto). “TOgether Healthier” was pilot-tested within existing networks and received a lot of support.

On July 13, the volunteer graphic designer submitted 4 options for the logo, which can be viewed in Appendix I1. The options were discussed at the July 16 SISCWG meeting. Members preferred the second and third items on the left-hand side (logo #2 and 3,

respectively). The item on the right-hand side was eliminated immediately, as it seemed to represent a church. One group member came up with an idea to put the Toronto skyline above the “gether” part of “together”. The group member sketched her idea on one of the handouts and gave it to the planning committee, who took the suggestion back to the graphic designer. The graphic designer then created 3 options for the new idea. The original group member’s sketch and the 3 new logos can be found in Appendix I2. While the planning committee members liked the skyline idea, they thought it was a little “busy”. The original logo #3 was selected, as it was believed this version would look best on all campaign materials.

Once the logo was selected, the planning committee requested a few edits (to make the gray scale darker, to stretch “healthier” to align with “together”, to try a coloured version). The volunteer graphic designer created the logo in 3 colours (blue, red, gray); the blue and gray versions were ultimately chosen.

Message Development

Message development started before the MPH student began working on the campaign. As noted in the Systemic Issues Health Equity Social Marketing Campaign DRAFT (Appendix F), the message “Your Health Affects My Health, and My Health Affects Your Health” was a candidate for the campaign slogan. Since it had been some time since the campaign was discussed at the SISCWG, it was decided to revisit this message and perhaps consider others.

Message development continued on May 14, 2015 with the brainstorming session. The brainstorming worksheet asked participants to submit their ideas for the messages and slogan of the campaign. Although the MPH student acknowledged that Message Strategy is a later step in the 12-step approach, there were a few reasons why it was started early. Firstly, the SISCWG only meets once per month, and the student wanted to get as many ideas as possible from the group. Secondly, the student was instructed to ask about campaign messages and slogans. Thirdly, it was only the second week of the placement, and the student had not had enough time to thoroughly analyze the 12-step process.

Some of the messages generated at the brainstorming session included:

- Newcomer Health: Because Fresh Starts Need to be Fair Starts
- Your Health is My Health
- Ontarians’ Health is Everyone’s Business
- We Are All Connected (with another message about how newcomers face particular challenges)
- We Are All in this Together

Participants were also provided with a list of slogans that had been proposed in the 2014 report, *Proposed ideas for a health equity campaign targeting newcomers*, and were asked to circle the ones they liked. The five most popular slogans were:

- Health is a Human Right

- Everyone Has the Right to Health
- Health for All
- A Healthy Toronto is an Equitable Toronto
- Healthy City, Vibrant City

After considering the results of the brainstorming session, as well as discussing other ideas at planning committee meetings, the following messages were proposed for a campaign poster:

1. Why does newcomers' health decline within 5 years of coming to Canada?
2. Fresh starts should be fair starts. So why does newcomers' health decline within 5 years of coming to Canada?
3. Started from the top, now we're not. Why does newcomers' health decline within 5 years of coming to Canada?
4. Newcomers' health declines within 5 years of coming to Canada. Why?

These 4 messages were briefly pilot-tested within existing networks; however, the planning committee thought it would be important to consult the target population- university and college students- using focus groups. On July 9, 2015, the MPH student put together a backgrounder document that also served as a proposal to run the focus groups. The document, which can be found in Appendix J, defines social marketing, discusses who the target population is and what ideas and behaviours the campaign wants to encourage, and outlines potential campaign components. A proposed methodology for the consultation is also included.

Focus Groups

There were 2 main purposes of the focus groups:

1. To find out about university and college students' knowledge, attitudes, and beliefs about the health of newcomers
2. To consult students about the development of the TOgether Healthier campaign

The MPH student created a participant recruitment letter, which can be found in Appendix K1. On July 15, the student went to the University of Toronto (St. George campus) to randomly hand out the recruitment letters at multiple locations. Although 50 letters were printed, the student was only able to find about 20 people who were interested enough to take the letter. The planning committee had previously decided to restrict recruitment to one campus because of time and budget limitations; however, the committee was concerned that the 12 focus group spots would not be filled based on the July 15 recruitment. Furthermore, the committee acknowledged that recruiting from just one university campus could introduce biases. The MPH student then created a recruitment ad on kijiji, a free online classifieds system. An additional 3 participants were recruited using this method.

At the July 16 SISCWG meeting, the planning committee shared concerns that the 12 focus group spots would not be filled. Group members then offered to circulate the recruitment letter to their contacts. About 3 more participants were recruited this way.

On July 17, the MPH student made a list of all the students who were interested in participating and separated them by general area of study and date(s) available. Names were then randomly selected from the various groups until all 12 focus group spots were filled. Selected students were contacted via email and/or phone call to confirm their attendance.

The focus groups were held on July 21 and 22, 2015 at Toronto Public Health (277 Victoria St.). Five students participated on July 21, and 7 students participated on July 22; each student was given \$20 cash to compensate them for their time. A copy of the focus group interview guide is included in Appendix K2.

The first part of the focus group asked students about their knowledge, attitudes, and beliefs about the health of newcomers. Overall, students thought the topic *should* be important to them, but that it was not a priority compared to other things they had to worry about. They also thought that providing more information about newcomer health would make students more aware and potentially more concerned. While some students thought that newcomers come to Canada healthy because they have to meet a baseline for entry into the country, others thought that it really depends on where they come from, noting that those who come from wealthier countries would be healthier. Students were split when asked what happens to newcomers' health as time goes on. Some thought their health improves due to a better health care system and an improved diet; others thought their health declines due to adoption of poor eating habits and the mental stressors that come with adapting to life in a new country. There were also differing opinions about how newcomers' health affects the health of the Canadian population. Some thought there are longer lines to receive health care, while others thought newcomers' health affects our economy.

The second part of the focus group was a brainstorming session in which students were asked if they had any ideas for the campaign message. Some suggestions included:

- A healthier newcomer population is a healthier Canadian population
- Newcomer health affects you too
- Coming to Canada shouldn't be a health risk

Students seemed to like "Coming to Canada shouldn't be a health risk", and this message was ultimately chosen for the campaign.

The third part of the focus group involved consulting students about 3 campaign messages that had already been suggested. See Appendix K3 for the options that were given. Students seemed to like the second option best.

In the final part of the focus group, students provided suggestions about what the components of the campaign should be, as well as what students should be asked to do.

Responses from both focus groups can be found in Appendix K4 and K5. The focus groups proved invaluable in shaping the campaign. The following suggestions from students were followed:

- Provide more information than just a slogan; students need to understand the issue in order to care about it
- Use statistics
- Don't try to be too cool with the slogan
- Use key words like "unemployment" and "racism"
- Ask students if they care enough to do something about the issue
- Poster has to "POP"
- Have an online version of the poster to remind students of the printed poster they saw earlier

Poster and Postcard Development

The design of the campaign poster and postcard was based on input from the focus groups, as well as input from the SISCWG and others within SISCWG networks. On July 30, the planning committee submitted a rough draft for the volunteer graphic designer to work with. By August 11, the committee received the first drafts of the poster and postcard. There were several edits and several versions of the poster and postcard before the final version was approved on August 21. Edits involved experimenting with colours and layout, editing/improving the messages, and adding/removing logos.

Next Steps

The 2015 TOgether Healthier campaign is still being developed, and the planning committee will likely require the first 2 weeks in September to finish the work. As of August 31, some of the website content still needs to be written and edited, the website itself needs to be further developed, the online letter need to be finalized, a plan for distribution of campaign materials needs to be solidified, the campaign posters and postcards need to be printed, and the evaluation survey needs to be developed.

Challenges & Limitations

Lack of Time & Resources

The biggest challenge in developing the TOgether Healthier campaign was lack of time and lack of resources. The MPH student had just 4 months (working half-time) to lead development from the early brainstorming stages to implementation. The 4-month time frame was also challenging because it occurred over the summer- a time when many staff take vacation and projects sometimes slow down. Because the time frame was so short, key decisions needed to be made quickly, and certain tasks in the 12-step approach had to be sidestepped or completed with some corners cut. For example, a logic model was not created for the campaign.

TOgether Healthier was lucky to receive \$240 from Toronto Public Health to compensate focus group participants; however, the \$20 amount paid to each participant was rather low compared to the rate paid by other organizations and companies. This could have biased results to favour those students who are more willing to participate at a lower rate.

Limited funds also prevented the SISCWG from purchasing a URL for the campaign website. The group was hoping to secure www.togetherhealthier.com, but had to settle for bit.ly/togetherhealthier, a shortened version of <http://togetherhealthier.wix.com/togetherhealthier>. The more complicated a URL, the less likely people are to visit the website; thus, the original URL would have been better.

TOgether Healthier was not able to purchase online advertising space, which could have helped spread the reach of the campaign.

Utility of 12-Step Approach

The 12-step approach was useful in thinking about and planning the tasks of the campaign; however, it was also complicated at times. This was perhaps due to the level of detail in The Health Communication Unit's (2009) toolkit, which specifies each task involved in each step. While the comprehensive guide is a good idea theoretically, practically, it can be overwhelming for someone who has not used the 12-step approach before and is trying it for the first time. This problem is compounded if there is not much time to learn about the approach.

Because team members are not likely to be familiar with the 12-step approach, it may be difficult to get them on board with using it. If the team is not on board, the campaign development process will undoubtedly be more challenging. For example, some consultants for the TOgether Healthier campaign were very excited about the message development phase and wanted to work on campaign messages in the early stages, even though Message Strategy is step 8 in the 12-step process. This can actually waste time if the objectives of the campaign change and render the campaign message irrelevant.

The 12-step approach was also not a linear process and should therefore not be considered one. If the process *was* linear, there should be no difference between the step-based timeline and the chronological timeline. These differences, however, do exist and are based on the unique circumstances of each campaign. For TTogether Healthier, one barrier to following the 12 steps methodically was availability of group members to meet and make decisions. There are also issues that come up that can't be avoided. For example, despite working on message strategy for a couple of months, the planning committee was still not satisfied with the campaign message and had to work on it at the same time the poster was being designed.

Recommendations

A full set of recommendations will be provided once the campaign development process is complete; however, the following are some key suggestions:

- If using the *12 Steps to Developing a Health Communication Campaign* (or any other approach) for the first time, time should be allocated to study the approach
- If using the 12-step approach (or any other approach) and working closely with a team, the entire team needs to understand and be on board with the approach
- The *12 Steps to Developing a Health Communication Campaign* should be adapted to include tips on what to do if plans change
- The timeline should be revisited frequently to ensure certain tasks don't fall off the radar completely
- Social marketing campaigns should be designed with rigour
- Even though the 12-step approach isn't linear, the steps should be followed to some degree to ensure time is not wasted later on
- To advance the practice of health communication, all campaigns should comprehensively document and analyze the development process

References

- Lombardo, A. P., & Leger, Y. A. (2007). Thinking about “Think Again” in Canada: Assessing a social marketing HIV/AIDS prevention campaign. *Journal of Health Communication*, 12, 377-397.
- Public Health Ontario. (2012). *At a glance: The twelve steps to developing a health communication campaign*. Retrieved May 2015 from http://www.publichealthontario.ca/en/eRepository/Twelve_steps_developing_health_communication_campaign_2012.pdf
- The Health Communication Unit. (2009). *Overview of developing health communication campaigns toolkit*. Centre for Health Promotion, University of Toronto.
- Toronto Public Health and Access Alliance Multicultural Health and Community Services. (2011). *The global city: Newcomer health in Toronto*. Retrieved June 2015 from <http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-42361.pdf>

Appendix A: Target Population Research

Target Population
June 29, 2015

Due to time and budget limitations, it was not possible to conduct an audience analysis specifically for the health equity campaign (HEC). Ideally, the HEC team would have liked to utilize both qualitative (e.g. focus group) and quantitative (e.g. survey) research methods to determine which segment(s) of Toronto's population should be targeted.

The HEC team had to instead rely on existing data sources to determine the target population. Again, due to time and budget limitations, a rigorous and comprehensive literature review could not be conducted; however, after reviewing several sources, **the primary target population is proposed to be university and college students in Toronto.** In addition, existing networks within the public health, settlement, and community sectors will be targeted.

The **first step in determining the target population** was discerning which group(s) would be most receptive to the campaign messages (i.e. that newcomers' health declines within 5 years of coming to Canada; that the health decline is due to the social determinants of health; that newcomers' health affects the health of the whole population). It was important not to select a group that was already resistant to the campaign messages, as the group's views would likely not change based on the campaign (MacNeill, 2014).

In the absence of more specific research about the knowledge of and attitudes towards newcomer health and the social determinants of health among various segments of the Toronto population, the HEC team had to rely on research about attitudes towards immigrants and immigration issues in general. It was found that **younger, university-educated Canadians have more favourable attitudes towards immigrants and immigration issues.**

While 89% of a representative sample of 2,376 Canadian residents believed that someone born outside Canada is just as likely to be a good citizen as someone born in Canada, the view was found to be especially widespread among Canadians under age 45 and those with a university education (The Environics Institute, Institute for Canadian Citizenship, Maytree, CBC News, & Royal Bank of Canada, 2012). In the same survey, 56% believed that Canadian society does enough to help newcomers adapt; those with a university education were more likely to say society does not provide newcomers with the help they need to become good citizens. While most survey participants were found to be comfortable with current requirements for legal citizenship, Canadians 45 years of age and older, those without a university education, and native-born individuals were more likely to view requirements as not strict enough. Finally, the survey found that most (71%) Canadians

were comfortable with the idea of dual citizenship; however, this view was higher among younger Canadians, those with more education, and those born outside Canada.

Findings from two Ipsos Reid polls conducted in 2012, each with a representative sample of over 1,000 Canadians, support the fact that younger Canadians have more positive attitudes towards immigrants. Those aged 18 to 34 were found to be more positive in their opinions of immigration; 46% of that age group held positive views compared to 39% of those aged 35 to 54 and 37% of those 55 years of age or older (Ipsos Reid, 2012). Younger Canadians (38%) were also more likely to agree that Canada should accept more immigrants than it currently does when compared to middle-aged (25%) or older (22%) Canadians.

In a literature review of public opinion research on Canadian attitudes towards multiculturalism and immigration, it was found that younger Canadians were more supportive of diversity (Citizenship and Immigration Canada, 2010). Those aged 18 to 34 (65%) were more likely than older Canadians (55%) to agree that the growing diversity of ethnic and racial groups is either very good or good; furthermore, those under 35 years of age were more in favour of minority groups maintaining their customs and traditions (Citizenship and Immigration Canada, 2010). The report also points out that younger Canadians appear to be more supportive of immigration; those under 35 years of age (58%) are more likely than those 55 years of age and older (44%) to agree that the number of immigrants coming to Canada is about right.

The finding that younger, educated citizens have more favourable attitudes towards immigrants and immigration issues is not new. Guimond and Zanna (1998) cite evidence supporting younger age as a predictor from 1977 and 1991; evidence supporting education as a predictor is cited from 1977, 1989, and 1992.

The **second step in determining the target population** was discerning which group(s) would be most likely to take action (i.e. go to the campaign website to learn more; start a conversation on Twitter; sign an online letter to be forwarded to the leaders of the Conservative, Liberal, and NDP parties).

Because the three “asks” of the HEC involve online activity, it was thought that university and college students, who are technologically savvy and who use the internet frequently, would be a good target. It should, however, be acknowledged that this particular age group may be less engaged politically. According to Elections Canada (2012), only 38.8% of those aged 18-24 and 45.1% of those aged 25-34 voted in the 2011 Federal General Election, compared to 54.5% of those aged 35-44, 64.5% of those aged 45-54, and over 70% of those aged 55-74. This pattern has not changed in the last four federal elections (Blais & Loewen, 2011).

It should be noted, however, that these results are not stratified by level of education, and it is possible that university and college students have higher voting rates than their same-age peers who are not students. Although lack of interest has been cited as a reason that younger age groups are less likely to be registered electors, other reasons include high

mobility rates and lack of initiative (Blais & Loewen, 2011). Students may be more inclined to participate in more convenient mediums (such as an online space) and in ways in which their rates of mobility would not be a determinant of their eligibility to participate (such as in an online space). Finally, lack of interest in voting should not be confused with lack of interest in issues.

Another reason university and college students were chosen as the target population is because it was believed that this population would be easier to manage logistically, given the limited resources of the campaign.

Given that younger, educated Canadians are more likely to have positive attitudes towards immigrants and immigration issues, the HEC team believes that university and college students are the best target for the HEC campaign. The secondary target population of existing networks within the public health, settlement, and community sectors was chosen as this broad group is likely to be working towards similar goals and likely to be supportive of the HEC campaign.

References

- Blais, A., & Loewen, P. (2011). *Youth electoral engagement in Canada*. Retrieved June 2015 from http://www.elections.ca/res/rec/part/youeng/youth_electoral_engagement_e.pdf
- Citizenship and Immigration Canada. (2010). *A literature review of public opinion research on Canadian attitudes towards multiculturalism and immigration, 2006-2009*. Retrieved June 2015 from <http://www.cic.gc.ca/english/pdf/research-stats/2012-por-multi-imm-eng.pdf>
- Elections Canada. (2012). *Estimation of voter turnout by age group and gender at the 2011 federal general election*. Retrieved June 2015 from <http://www.elections.ca/content.aspx?section=res&dir=rec/part/estim/41ge&document=report41&lang=e#p1>
- Guimond, S., & Zanna, M. P. (1998). *Canadian attitudes toward newcomers: A social psychological analysis*. Retrieved June 2015 from http://canada.metropolis.net/research-policy/litreviews/tylr_rev/tylr_rev-06.html
- Ipsos Reid. (2012). *On immigrants and Aboriginals: Majority (72%) of Canadians disagree that Canada should admit more immigrants than current levels, split on whether immigration has been positive (40%) or negative (34%)*. Retrieved June 2015 from <http://www.northumberlandview.ca/index.php?module=news&type=user&func=display&sid=16020>

MacNeill, M. (2014). *Social marketing: Brief introduction* [PowerPoint slides].

The Environics Institute, Institute for Canadian Citizenship, Maytree, CBC News, and Royal Bank of Canada. (2012). *Canadians on citizenship: The first national survey on what it means to be a citizen in Canada. Final Report*. Retrieved June 2015 from http://maytree.com/wp-content/uploads/2012/02/Canadians_on_Citizenship-Final_Report-Mar1.pdf

Appendix B: Unique Logo

Together
Healthier

Together
Healthier

Appendix C: Print Poster

Together Healthier

**Coming to Canada
Shouldn't be a Health Risk.**

**Newcomers come to Canada healthy.
Within 5 years, their health declines.**

Why?

Not only do newcomers face more barriers to accessing health services, they face double the unemployment rate of long-term immigrants, leading to income insecurity and difficulty paying for healthy food, adequate housing, and other essentials that affect health.

**Do you care enough to push
the conversation?**

bit.ly/togetherhealthier
[#togetherhealthier](https://twitter.com/togetherhealthier)

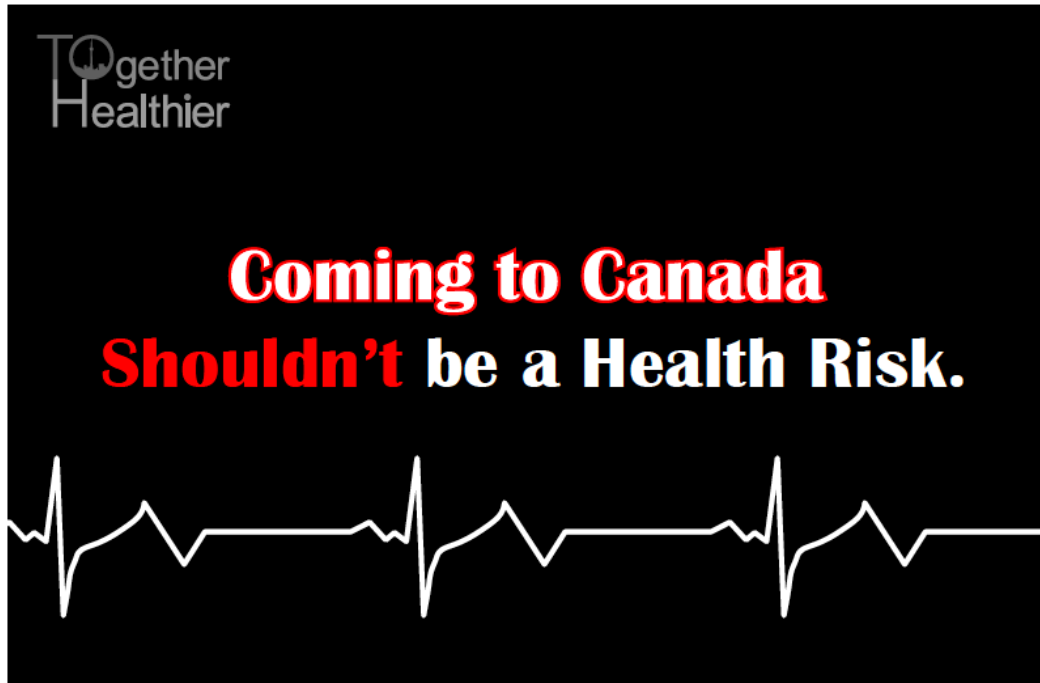
Designed by Serena Sommerberg

LIP LOCAL IMMIGRATION
PARTNERSHIP
TORONTO SOUTH

Toronto
Public Health

Appendix D: Postcard

Front



Back



Designed by Serena Sonnenberg

LIP LOCAL IMMIGRATION
PARTNERSHIP
TORONTO SOUTH



TORONTO
Public Health

Appendix E: Website Draft

August 18, 2015 version



Appendix F: Systemic Issues Health Equity Social Marketing Campaign DRAFT

Systemic Issues Health Equity Social Marketing Campaign- DRAFT²

History: this committee has been working to increase the general public's awareness that the health of newcomers affects everyone's health. Last year, we attempted to draw existing advocacy together to create one newcomer health advocacy group without much success. For a number of reasons, this strategy was not successful.

Givens:

- This group has expertise in engaging local communities in relevant newcomer issues
- We are committed to improving the health of all newcomers
- We believe in health equity
- We have an existing website
- We have no financial resources
- Agreement on slogan 'your health is my health'

Proposal:

After much challenging deliberation, we would like to propose the following as our 2015 work:

Start with slogan: **Your Health Affects My Health, and My Health Affects Your Health**

This slogan is broad enough that it could apply to a number of specific advocacy issues that we choose to work on over the next years.

This year, given the upcoming federal election in October, the federal government appealing the court's decision to reinstate the interim federal health program (IFHP), and that Toronto will be receiving an influx of Syrian refugees, we thought we might have impact by working with our communities to push local MPs to support the court's decision...to fund health care for refugees.

This gives us a clear timeline for our workplan and a clear ask in terms of what we want people to do (support access to primary care for refugees).

Tasks:

- Apply to work with social marketing students to help guide our communication plan, develop a social media strategy, and develop print resources like posters, draft advocacy letters, questions for MPs that we can use in our communities
- Develop a workplan with clear tasks, leads, and timelines all leading up to the October election
- Link with existing advocacy groups who are already focused on this to inform them we will be supporting their efforts locally under our own banner, but linking people to their website as well as our own
- Link with experts like social planning- Toronto to get on their agenda so they are promoting refugee healthcare access too

² This document has been re-typed from the original, which was created by the SISCWG

Appendix G: May 14 Social Marketing Session Worksheet

Health Equity Social Marketing Campaign Brainstorming Worksheet

Systemic Issues and Social Change Working Group
WoodGreen Community Services
815 Danforth Ave., 3rd Floor, Room 5

Thursday, May 14, 2015
10a.m. – 12p.m.

1. What do you think about the general message: *the health of newcomers affects everyone's health*? Is this the best message for the health equity campaign? How would you explain what this means?
2. What are some potential ASKs for the health equity social marketing campaign?
3. As a stakeholder, your input is important. What reasons are there to run this campaign, based on your own experience/knowledge?

4. Please fill in your ideas on what the product, price, place, promotion, publics, partnership, policy, and purse strings might be for the health equity campaign. We will go through each concept individually, so take your time!

Social Marketing Concept	Ideas
Product <i>The product of a social marketing campaign is the behaviour that the target audience is meant to adopt.</i>	
Price <i>Price involves the tangible and intangible costs of adopting the product and can include money, time, effort, and old habits.</i>	
Place <i>Place refers to where the product is offered and is ideally located where the health decision is made.</i>	
Promotion <i>Promotion refers to how well the message about the product is delivered to the target audience and can include advertising, social media, and special events.</i>	

<p>Publics <i>Publics refers to both the primary (target) audience and the secondary audience, which includes members who influence the decisions of the target audience, such as family, friends, or policymakers.</i></p>	
<p>Partnership <i>Partnerships refers to other agencies who are collaborating on the common goal.</i></p>	
<p>Policy <i>This concept involves lobbying for policy changes in the environment surrounding the target audience.</i></p>	
<p>Purse Strings <i>Purse strings refers to securing funding for a campaign or program.</i></p>	

Social marketing concept definitions from:

Lombardo, A. P., & Leger, Y. A. (2007). Thinking about “Think Again” in Canada: Assessing a social marketing HIV/AIDS prevention campaign. *Journal of Health Communication*, 12, 377-397.

Weinreich, N. K. (2011). *Hands-on social marketing: A step-by-step guide to designing change for good*. (2nd ed.). Thousand Oaks, CA: SAGE Publications, Inc. doi: <http://dx.doi.org.myaccess.library.utoronto.ca/10.4135/9781452224879>

5. What are your thoughts/ideas about:

a) The PURPOSE of the campaign?

b) The TONE of the campaign?

c) The MESSAGE of the campaign?

d) The campaign SLOGAN? (See question #6 for ideas)

6. The following is a list of slogans that were proposed in the 2014 report, *Proposed ideas for a health equity campaign targeting newcomers*. Circle any slogan you like, or use the list to help you think of your own slogan.

- Your health is my health
- Your health affects my health and my health affects your health
- Health is a human right
- Health is a right
- Health is a fundamental right
- Health is an undeniable right

- Everyone has the right to health
 - “Everyone has the right to life, liberty, and security of person”...why should appearances affect this?
 - Immigration status shouldn’t cost you your life
 - Health for all
 - Where you are born shouldn’t affect your health
 - A healthy Toronto is an equitable Toronto
 - Equal health = Equal opportunity
 - Everyone has the right to a healthy life
 - A piece of paper shouldn’t affect your health
 - Healthy city, vibrant city
7. Do you have any additional comments or suggestions about the health equity social marketing campaign?

Thank you for participating!

Appendix H1: Chronological Timeline

Date/Deadline (2015)	Task	Communication Step	Partners Involved
ONGOING	Determine Evaluation Methods	Project Management	Sara, Sandra, Renira
	Find out when all candidates meetings are taking place	Combining & Sequencing	Sara, Sandra, Renira
	Determine if any health equity/newcomer awareness days, conferences, or other events are taking place and when		Sara, Sandra, Renira
	TBD*	Evaluation	Sara, Sandra, Renira
June 9	Establish clear decision-making process	Project Management	Sara, Sandra, Renira
	Review preliminary timeline		Sara, Sandra, Renira
	Discuss evaluation possibilities		Sara, Sandra, Renira
	Determine relevant levels (individual, network, organization, society)	Health Promotion Strategy	Sara, Sandra, Renira
June 17/18	Establish health promotion strategy		Renira
	Develop logic model		Renira
June 19	Complete research on target population	Audience Analysis	Sandra, Renira
	Develop audience profile (demographic, behavioural, psychographic)		Renira
June 24/25 (Next meeting)	Determine target population		Sara, Sandra, Renira
	Determine tone/look of communication materials		Sara, Sandra, Renira
	Locate existing lists of communication resources OR develop list	Communication Inventory	Sara, Sandra
	Assess the strengths, weaknesses, and possibilities of using these resources to deliver campaign message		Sara, Sandra, Renira
	Create SMART objectives	Communication Objectives	Sara, Sandra, Renira
	Determine the “what”, “so what”, and “now what”	Message Strategy	Sara, Sandra, Renira
	Develop questions for target audience to ask MPs		Sara, Sandra
	Develop campaign slogan		Sara, Sandra, Renira
	Develop Twitter hash tag		Sara, Sandra, Renira
	Create health equity logo/umbrella slogan	Identity Development	Sara, Sandra, Renira
	Ensure project team is supportive of strategy	Health Promotion Strategy	Sara, Sandra, Renira, subgroup

June 29/30 (Next subgroup meeting)	Pilot test questions	Message Strategy	Sara, Sandra, Renira, subgroup, networks
	Pilot test slogan		Sara, Sandra, Renira, subgroup, networks, public
	Pilot test Twitter hash tag		Sara, Sandra, Renira, subgroup, networks
July 1	Choose types of communication materials and places of distribution	Channels & Vehicles	Sara, Sandra, Renira
	Finalize questions for MPs	Message Strategy	Sara, Sandra, Renira
	Finalize slogan		Sara, Sandra, Renira
	Finalize Twitter hash tag		Sara, Sandra, Renira
July 9	Design draft poster(s)		Renira
July 14	Develop “tombstone statement”		Renira
July 20	Develop draft poster(s)		Volunteer graphic designer
	Design health equity logo/umbrella slogan	Identity Development	Volunteer graphic designer
July * (Next <i>Systemic Issues and Social Change Working Group</i> or subgroup meeting)	Pilot test draft poster(s)	Message Strategy	Sara, Sandra, Renira, subgroup, networks, public
	Pilot test health equity logo/umbrella slogan	Identity Development	Sara, Sandra, Renira, subgroup, networks
July 30	Revise and finalize poster(s)	Message Strategy	Volunteer graphic designer
	Revise and finalize health equity logo/umbrella slogan	Identity Development	Volunteer graphic designer
	Develop press kit if applicable (press release, backgrounder, FAQ sheet, posters)	Message Strategy	Renira
	Determine number/size of posters	Production of Materials	Sara, Sandra, Renira
August 11	Print posters		Sara, Renira
August 18	Put posters up	Implementation	Sara, Sandra, Renira (CHOs, LIP members, Health Pillar members, local contacts, CHCs, libraries)
	Send out press release and press kits, if applicable		Sara, Renira

Appendix H2: August 11, 2015 Timeline

Date/Deadline	Task	Communication Step	Partners Involved
August 13	Develop draft poster	Message Strategy	Serena
	Develop health equity logo	Identity Development	
	Develop “tombstone statement”	Message Strategy	Renira
	Write campaign section for website		
	Write “Myths & Facts” section for website		
August 13 MEETING (2pm)	Determine evaluation methods	Project Management	Sara, Sandra, Renira
	Determine where to distribute posters/if and when to seek permission from UofT	Channels & Vehicles	
	Determine online distribution strategy (where, cost)		
	Assess the strengths, weaknesses, and possibilities of using communication resources to deliver campaign message	Communication Inventory	
	Determine number/size of posters/postcards	Production of Materials	
	Create SMART objectives	Communication Objectives	
	Go over how to create Wordpress site	Production of Materials	Renira, Sandra
August 14	Determine cost of printing and where to print	Production of Materials	Sandra, Sara
August 13-17	Pilot test draft poster	Message Strategy	Sara, Sandra, Renira, subgroup, networks
August 17	Develop petition draft		Sara
	Develop question for target audience to ask MPs		
August 13-19	Work on website content		Sara, Sandra, Renira
August 17-19	Review, revise, and finalize petition and question		
August 19	Revise and finalize poster	Identity Development	Serena
	Revise and finalize health equity logo		
August 21	Create website	Production of Materials	Sandra, Renira
August 26-28	Print posters/postcards		Sara, Sandra

September 7	Put posters up	Implementation	
	Publish website		Sandra
September 7 onwards	Distribute postcards		
TBD*	TBD*	Evaluation	Sara, Sandra
ONGOING	Find out when all candidates meetings are taking place (put info on website)	Combining & Sequencing	
	Determine if any health equity/newcomer awareness days, conferences, or other events are taking place and when		

Appendix I1: First Logo Drafts

Together
Healthier



Together
Healthier



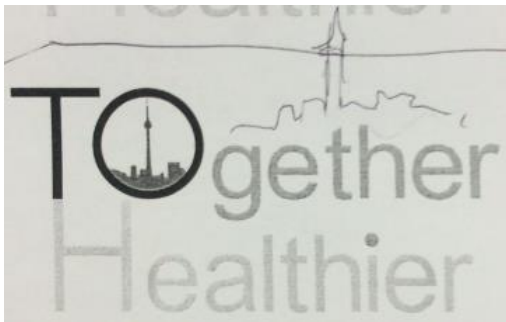
Together
Healthier



Together
Healthier



Appendix I2: Additional Logo Drafts



Appendix J: TOgether Healthier Social Marketing Campaign Backgrounder

TOgether Healthier: Social Marketing Campaign Backgrounder
July 9, 2015

What is social marketing?

Social marketing uses commercial marketing principles to encourage the adoption of ideas and behaviours among target audiences.³ Several types of channels and vehicles can be utilized in a social marketing campaign, such as print, radio, television, social media, electronic media, and interpersonal relationships.⁴

Who is the target audience for the health equity campaign?

After conducting a brief literature review, it was found that younger, university-educated Canadians have more favourable attitudes towards immigrants and immigration issues. The target population was thus proposed to be university and college students in Toronto. A secondary target audience of existing networks within the public health, settlement, and community sectors was chosen as this broad group is likely to be working towards similar goals and likely to be supportive of the campaign.

What ideas do we want the target audience to adopt?

The Systemic Issues & Social Change Working Group (SISCWG) identified the following ideas:

- Newcomers' health declines within 5 years of coming to Canada
- The health decline can be attributed to the social determinants of health
- Newcomers' health affects the health of the whole population

What do we know about the target audience?

While we know that younger, university-educated Canadians have more favourable attitudes towards immigrants, we don't have any information about what students know about newcomers' health, the social determinants of health, and how they interact. The SISCWG therefore proposes to consult university and college students about their knowledge, attitudes, and beliefs (consultation methodology described below) before shaping the campaign messages.

What behaviours do we want to encourage?/What is the ASK?

The SISCWG would like university and college students to "start a conversation" about newcomer health. Proposed ideas include: encouraging students to go to the campaign website and tracking hits on the page; creating a Twitter hash tag and requesting students to start a conversation on social media; creating an online letter that students can sign,

³ Kotler, Roberto, & Lee, as cited in Lombardo and Leger, 2007

⁴ The Health Communication Unit, 2009

which would then be forwarded to the leaders of the Conservative, Liberal, and NDP parties. Before determining what exactly we are asking of students, the working group would like to consult the students about this.

What social marketing channels and vehicles will be used?

Once again, the SISCWG will consult with students about what mediums they think would be appropriate for the campaign message; however, the group has identified the following as contenders.

- *Website*- this will be a necessary knowledge hub to provide people with more information about newcomer health and the social determinants of health; can be used to track how many people are visiting the site; may be used to post an online letter to political party candidates
- *Digital poster*- an electronic version of a poster can be easily shared via Facebook, Twitter, and email; has potential to be used in online advertising; university and college students are frequent and savvy users of the internet
- *Print poster*- while online space is important, physical space should not be discounted; there are numerous poster boards throughout university and college campuses; may get the attention of people who did not see online materials; can easily be posted in community agencies (secondary audience); would not involve extra effort to create (will be a print of digital poster)
- *Twitter hash tag*- using a unique Twitter hash tag for the campaign allows the SISCWG to track how many students have engaged in online conversation about the topic; does not involve extra time or resources

Consultation Methodology

Students will be recruited from the University of Toronto to participate in focus groups. A recruitment letter will be developed, and printed copies will be handed out in various areas of the St. George campus on July 14 and 15. Students who decide to participate will be required to send an email (by 5pm on July 17) that includes their name, program of study, date(s) available, and phone number or best method of contact. A list of potential participants will then be created and stratified by program of study to ensure a diverse pool from which to sample. Finally, participants from each stratified group will be chosen at random and will be contacted to participate in the consultation.

The SISCWG will conduct two separate focus groups:

- July 21: 1-2pm 277 Victoria St., Room 504
- July 22: 2:30-3:30pm 277 Victoria St., Room 504

Each focus group will have 6 participants. The first part of the session will involve asking students about their knowledge of and attitudes towards newcomer health and social determinants of health. The second part will be a brainstorming session, in which students will propose their ideas for the campaign message. The third part of the session will involve asking participants what mediums they think would be appropriate for the campaign message and what they think students should be asked to do. Finally, students will be presented with 3 potential campaign messages and asked about their opinions. The focus group will not be audio or video-recorded; instead, both the facilitator and a second

member of the SISWG will take notes. Participants' personal information will not be saved, and specific names will not be used.

The SISWG would like to compensate students for their time, as well as offer them an incentive to attend the focus groups. The recommended compensation is \$20 for each participant. For a total cost of \$240, the SISWG will gain valuable information about university and college students' knowledge, attitudes, and beliefs with regards to newcomer health, information which is not available anywhere else. Furthermore, consulting students will ensure that the health equity campaign is "hitting the mark" with its target audience.

Appendix K1: Focus Group Recruitment Poster

Seeking Participants for Paid Focus Group! \$20.00 per participant!

The Toronto South Local Immigration Partnership, along with community agencies and Toronto Public Health, is currently seeking **University of Toronto** students to participate in a focus group about knowledge, attitudes, and beliefs about the health of newcomers. Participants will also be consulted about the development of a related social marketing campaign, TOgether Healthier.

There are 2 time slots for the focus groups:

Tuesday, July 21:	1:00-2:00pm
Wednesday, July 22:	2:30-3:30pm

Location: 277 Victoria St. (conveniently located near Dundas Square)

If you are interested, please email togetherhealthiercampaign@gmail.com by **5pm on July 17** with:

- Your name
- Program of study
- Which focus group(s) you are able to attend
- Phone number

Please note, you may only attend one focus group. Should you be randomly selected to participate, you will receive an email confirming the time and exact location of the focus group. Students who are selected to participate will receive **\$20 cash** and light refreshments at the session as compensation for their time.

Although personal information will not be saved or recorded, you must present your University of Toronto student card when you arrive at the focus group.



Appendix K2: Focus Group Interview Guide

Greet participants; point out refreshments; ask them to sit around the table

Introduction (4 minutes)

- introduce self and Sandra/Sara (who will be taking notes)
- briefly explain the purpose of the focus group
 - to find out about university and college students' knowledge, attitudes, and beliefs about the health of newcomers
 - [Newcomer is defined as someone who was born outside of Canada and who has arrived in the last 10 years.]*
 - to consult students about the development of the TOgether Healthier campaign
- information shared will help us develop a campaign that is relevant to students
- purpose of the focus group is to consult, not conduct research
 - will not use name or personal information in any way that could identify you
 - all personal information will be deleted
 - anything said will be confidential and only shared with the campaign development committee
 - we ask that everyone here today not share anything that was said in the focus group
- session will last one hour and will be audio-recorded
- please be respectful and allow everyone to contribute
- please remember that everyone can have different opinions
- at the end of the session, we will ask you to sign an Honorarium Reporting Form

Questions?

Ice-breaker (3 minutes)

(Participants introduce themselves: name, what they study, where they study)

Knowledge/Attitudes/Beliefs about the Health of Newcomers (20 minutes)

1. How important is the topic of newcomer health to you as a student?
How important do you think the topic is to other students?
2. What do you think is the state of most newcomers' health when they arrive in Canada?
3. What do you think happens to newcomers' health as time goes on?
Why does this happen?

[Newcomers come to Canada with a health advantage. Within 5 years, their health declines. The health decline can be attributed to the social determinants of health.

-struggle with unemployment and precarious employment

- In 2013, recent immigrants to the Toronto Region experienced an unemployment rate of 14.4%; the rate for immigrants who had been in the country longer than ten years was 7.4%.⁵

-barriers: language challenges, lack of Canadian experience or credentials, discrimination, lack of networking opportunities with employers

-poor employment prospects lead to income insecurity, which impacts many of the SDOH

- The limited availability of affordable housing in Toronto leaves newcomers with little money left to provide enough nutritious food for their families⁶, which puts them at higher risk for a number of poor health outcomes, including chronic diseases.⁷ It is also difficult for newcomers to access quality childcare, as costs are prohibitive and subsidized spots are few.⁸ Parents who work multiple jobs may not have time to attend information sessions at their children's schools, which could lead to less opportunities for their children⁹ and continue the cycle of employment insecurity.]

4. How, if at all, do you think your health is affected by the health of newcomers? Health of the Canadian population?

[A recent report by Toronto Public Health and Access Alliance Multicultural Health and Community Services advocates for supporting newcomers and capitalizing on their health advantage before their health deteriorates and results in costs to the health care system.¹⁰

Not recognizing the skills and experience of newcomers has financial consequences for the city. The Toronto Region Board of Trade estimates that as much as \$2.25 billion is lost annually from the failure to utilize the skills and experience of immigrants.¹¹]

Brainstorming Session (10 minutes)

Based on our discussion so far today, do you have any ideas for the TOgether Healthier campaign message? What do you think other students should know?

Message Consultation (10 minutes)

⁵ Toronto Foundation, 2014.

⁶ Wilson et al., 2011

⁷ Toronto Foundation, 2014

⁸ Ibid.

⁹ Ibid.

¹⁰ Toronto Public Health and Access Alliance Multicultural Health and Community Services, 2011

¹¹ Toronto Foundation, 2014

(Hand out copies of the 3 campaign messages). So far, we have come up with these 3 messages.

1. Do you think any of these messages are appropriate for the campaign? Why or why not?
2. Which of these 3 messages do you like best? Why?

Channels & Vehicles/ Campaign ASK (12 minutes)

1. What would be an appropriate medium for the campaign message? So far, ideas include print posters to be put up on campus, digital posters to be shared via Facebook and email, a unique Twitter hash tag to start a conversation, and a campaign website, which would contain more information about newcomer health. Are these appropriate?
2. What should students be asked to do? So far, we have thought of having students sign an online letter to be forwarded to political party leaders. Would students do this?

Closing (1 minute)

- thank everyone for their time and participation; very valuable session
- we will stick around if there are any questions, or you can email the campaign address
- sign Honorarium Reporting Form
 - don't have to put address or SIN down

Appendix K3: Focus Group Message Consultation Sheet

TOgether Healthier: Proposed Campaign Messages

Option 1

Started from the top, now we're not.

Newcomers come to Canada healthy. Within 5 years, their health declines.
Why?

www.togetherhealthier.com

#togetherhealthier

Option 2

Fresh starts should be fair starts.

Newcomers come to Canada healthy. Within 5 years, their health declines.
Why?

www.togetherhealthier.com

#togetherhealthier

Option 3

Newcomers come to Canada healthy. Within 5 years, their health declines.
Why?

www.togetherhealthier.com

#togetherhealthier

Appendix K4: Focus Group 1 Notes¹²

Introduction (4 minutes)

Renira gave a brief overview of the project and purpose of the focus group.
Sandra and Sara also introduced themselves

Participants introduced themselves – name, school and faculty

There were 5 participants (4 women, 2 men)

- 1 F University of Toronto, History/English
- 1 F University of Toronto, Human Biology/French/Political Science
- 1 F McMaster, Medical radiation sciences
- 1 M Aerospace Engineering
- 1 M Ryerson, BA in social work

Knowledge/Attitudes/Beliefs about the Health of Newcomers (20 minutes)

1. How important is the topic of newcomer health to you as a student? How important do you think the topic is to other students?

- Healthcare system is different in their home country, students may be unaware but it is important for them to know the system here
- Senior immigrants have so many problems, they need more orientation and more support
- It is important to have a conversation about it – some countries don't even talk about health care, people don't have access to adequate health care
- Don't think students care – unless they are newcomers
- They are unaware of how it is in other countries, we are lucky and sometimes people take that for granted
- Actually, it is a human right to have access to health care – they are humans, not just newcomers
- We should open new ways to integrate people into the system
- I don't think students are aware (not that they don't care – just not aware, unless they are studying in the field)
- Information, posters will bring awareness to students – then, yes, they will care

When we say health – do you automatically think 'health care system'?

- My conversation with my friends about health care are always about wait times, not enough doctors – not about newcomers
- We need to bring the topic to the forefront – people will care
- If you live in a system that has good access to healthcare – then you are healthier
- Need access to information about other aspects of life

What about employment? Do you think that affects health?

¹² These notes were written by Sandra Guerra

- Being unemployed causes stress - economics plays an important part of your life – where you live, mental health, what you eat
- Certain types of employment have hazardous aspects as well – some are more dangerous than others ie: office work vs. construction job

2. What do you think is the state of most newcomers' health when they arrive in Canada?

- Depends where they come from – if they come from a country with a good healthcare system they will be healthier, if they come from a 3rd world country, they may not have good health
- Health is also tied to their economics – higher income, better health
- I think they will become healthier physically when they arrive in Canada – but psychologically, people have trouble adapting and are treated badly (prejudice and discrimination)
- Depends on how people are allowed integrate, housing situations in some areas is not a healthy situation
- Do people have access to a job in their area of expertise, or are they forced to take a menial job, mental stressors
- Need to set yourself up pretty fast, network with people, the faster and easier newcomers can set-up, the better it will be

3. What do you think happens to newcomers' health as time goes on?

Why does this happen?

- Body is not used to the change – not used to a different diet
- They don't have proper diet back home – come here and eat healthier
- Actually, I think it's the opposite – too much fast food here – diet is the main thing that leads to declining health
- Newcomers are so busy working – trying to provide, there is a lack of physical activity – then their health declines

4. How, if at all, do you think your health is affected by the health of newcomers? Health of the Canadian population?

- We have a diversity of food – we get exposed to new foods and a variety from new countries
- We eat what we find, what is the most convenient – lots of fast food. As a society, we need to say we want healthier foods available
- It does affect us, we interact with everyone and it affects our economy
- It is harder for them to fulfill their jobs
- Spread of illnesses ie: If more than 10% population is not vaccinated – cannot kill the disease – becomes a financial burden on society – we have to put in the investment (dollars) to keep them healthier
- It would also affect our taxes – that might be the angle to get people to support the campaign

Brainstorming Session (10 minutes)

Based on our discussion so far today, do you have any ideas for the TOgether Healthier campaign message? What do you think other students should know?

- Healthier newcomer population is a healthier Canadian population
- Newcomer health affects you too
- Emphasize healthy living style

Message Consultation (10 minutes)

1. Do you think any of these messages are appropriate for the campaign? Why or why not?
2. Which of these 3 messages do you like best? Why?
 - The group chose the Fresh Starts should be Fair Starts message
 - Option 1 seemed to have a more negative tone, although they liked that it was a spin on a familiar phrase – because it is familiar, it attracts people to the poster/flyer

Channels & Vehicles/ Campaign ASK (12 minutes)

1. What would be an appropriate medium for the campaign message? So far, ideas include print posters to be put up on campus, digital posters to be shared via Facebook and email, a unique Twitter hash tag to start a conversation, and a campaign website, which would contain more information about newcomer health. Are these appropriate?
 - Is it tied to other issues as well? Can you tie it to something we already have? It will make people care more
 - Connect it to immigration system and health care system
 - Poster has to POP
 - I always forget to look up a website once I see it on a board – can we have tear offs?
 - If I see the poster on campus, then I see it online –I’m more likely to click on it
 - Image is important too – people associate a thought with an image
 - Needs to show image that visually makes us care
 - Has to represent the real thing – we need to feel that we should respond
2. What should students be asked to do? So far, we have thought of having students sign an online letter to be forwarded to political party leaders. Would students do this?
 - Yes, signing a petition is a good goal, this should be important to you – make it valuable to students – how does it related to them, their student life, their tuition etc. Why should I care?

*Image of a student at a desk – window with all the stuff happening outside

- Yes – that would work, make it come back to student
- Pinpoint how it would actually affect us
- Add numbers to it, make it more tangible
- Emphasis on financial burden
- Most of population is individualistic, concerned about their own employment, competition for positions, but if you personally know people in this situation the campaign message is more effective because it hits closer to home

Appendix K5: Focus Group 2 Notes¹³

Introduction

Renira gave a brief overview of the project and purpose of the focus group.

Participants introduced themselves – name, school and faculty

There were 7 participants (6 female, 1 male)

Knowledge/Attitudes/Beliefs about the Health of Newcomers

1. How important is the topic of newcomer health to you as a student? How important do you think the topic is to other students?

- For general student population, not very important
- Important from an architectural perspective; newcomers live on the edge of the city, have higher rates of diabetes, need to think about newcomers
- Might learn about newcomer health in sociology course
- When newcomers arrive, they are not thinking about their health as focused on other things like jobs, except for seniors

Definition of Health: taking care of yourself, like having twice/yr dental checks; access to services, contamination need to think about; stress increases with unemployment; no job, no housing, little food, gov't priorities should be to provide some support; depends on newcomer's age, marital status, parents take better care of their children than themselves, depends on it they smoke

2. What do you think is the state of most newcomers' health when they arrive in Canada?

- They have to meet a baseline
- They come here for a better life and their health improves
- Mental health: they don't talk about it, may talk about it more once in Canada
- Their health improves as they become more educated like on hand washing
- For non-European immigrants their health decreases

3. What do you think happens to newcomers' health as time goes on?

Why does this happen?

- Depends on where they live... if they have access to grocery stores, lower SEL and less educated may mean increased access to less healthy cheaper alternatives
- Depends on their health status when they arrive
- Newcomers come here thinking health care is better but long waiting times for specialists is long here therefore some go back home for health care (if they have money)

¹³ These notes were written by Sara Farrell

4. How, if at all, do you think your health is affected by the health of newcomers? Health of the Canadian population?
- Increased rates of measles and mumps due to influx of newcomers
 - Longer lines to receive health care
 - Declining mental health like depressions affects all of us...spreads
 - Supply and demand thing...increased demand for health care from newcomers increases taxes
 - Decreasing health creates a stigma, could lead to ghettoization

Brainstorming Session: What Should the Message Be?

- It's not you or me..it is about us
- Focus on the friendship piece...someone close to you
- Emphasize being connected... if I get sick, you can get sick too
- Those without healthcare access , they're 2nd class citizens
- Stop generalizing, use stats and make it concise

Message Consultation

- Liked the 2nd
- ?who starts from the top, interpreted it as being Canada started at the top, and now as a country, it's not... thought this was an old reference
- Fair for who, really generic, confusing, like the focus on equality but not sure what we were talking about
- No one should be sick in the six
- Coming to Canada shouldn't be a health risk
- Need to be more directive to go and check for the answers to why; should include more info on the poster that explains a little more, as is, wouldn't' go to the website
- Start with access to healthcare system
- Use key words like unemployment, racism
- Use scanner thingy to go to letter
- Use real people to create emotions
- We have a stake in this...
- Need to see more information this about why health decreases, need more details
- Don't put up on bulletin boards, no one looks there
- Use real stories, headshots
- Do you care enough to do something about this?
- Maybe reference a simple plan song?