

**CHSSN**

Community Health  
And Social Services Network  
Réseau communautaire de santé  
et de services sociaux

PROJECT REPORT

# ***CHSSN Community Radio Project 2007-2008***



May, 2008

*Funded by the McGill Training and Human Resources Development Project*

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## ***I. BACKGROUND***

The Community Health and Social Services Network (CHSSN) supports English-speaking communities in the province of Quebec in their efforts to redress health status inequalities and promote community vitality. Through a series of projects and partnerships that link community and public partners, the CHSSN works to strengthen networks at the local, regional and provincial level in order to address health determinants, influence public policy and develop services.



In winter 2007, the CHSSN carried out a pilot project in conjunction with Townshippers' Association to disseminate community health information via community radio to test the efficacy of using this medium to extend the outreach of the Network Partnership Initiative (NPI). Two call-in shows -- *Dependencies* and *Mental Health* -- were broadcast by CJMQ-FM in Lennoxville, and an edited recording of the show on *Dependencies* was re-broadcast on CJAS in St-Augustin. Based on the success of the 2007 pilot, for winter 2008 the community radio project was expanded to include more regions, a wider range of informational programming and Internet dissemination.

### **Project Objectives**

The 2007-2008 community radio project aimed to support minority English-speaking communities in the continuation of a distant community support activity *Let's Talk Health!* radio program piloted in 2006-2007. This involved the following activities:

- A. Developing a radio program to the English-speaking community in consultation with communities and local radio stations;
- B. Identifying web-based technologies to enable out-of-region access to the program via high speed Internet;
- C. Delivering and evaluating the program.

A full description of activities accomplished appears in the Results Achieved section below.

## ***II. PROCESS AND ROLES***

### **Partnership Development**

Developing partnerships was a key element of this project and involved communities:

1. Partnering with their local community radio stations for the purpose of bringing English-language health and social programming to their communities.
2. Forging links with their public health partners with the goal of aligning this programming with the broader health and social agenda, thereby increasing awareness and enhancing access to services.

The participating communities and their radio and public health partners also appear in Table 1 below.

#### ***The Role of Community Partners***

The communities involved worked to:

- Provide input to the coordination team on programming and production;
- Engage the local/regional community (public, health and organizational partners) to participate in community health programming in different forms (general audience, listening groups, callers, etc.);
- Create promotional materials to advertise the radio programs in the local/regional communities in conjunction with the radio stations and other mediums;
- Interface with local/regional partners and their community radio stations to identify and carry out ‘value-added’ activities (such as local follow-up interviews, repeat broadcasts, additional call-ins, etc.);
- Host community clusters aimed at gathering a group of people to listen to one or more radio broadcasts to maximize community learning;
- Coordinate the collection of feedback on the programming and provide input for future community health radio programming.

#### ***The Role of Radio Partners***

Local community radio stations worked to:

- Provide input to and collaborate with the coordination team on programming and production;
- Publicize the radio programs in the local/regional communities in conjunction with the community partners;
- Broadcast the public service announcements (PSAs), interviews (radio segments) and live call-in show;
- Work with the community partners to identify and carry out ‘value-added’ activities (such as local follow-up interviews, repeat broadcasts, additional call-ins, etc.);

- Provide feedback on the programming and provide input for future community health radio programming.

### ***The Role of the CHSSN Coordination Team***

The coordination team worked to:

- Produce the radio programming for the project, which included the public service announcements, the pre-recorded radio segments and the live call-in shows;
- Coordinate the technical aspects of the project including the recording, production and distribution of the PSAs and interviews, and toll-free and Internet arrangements for the live call-in show;
- Coordinate between and support for the community partners and the radio stations;
- Manage project resources.



### **III. ACTIVITIES ACHIEVED**

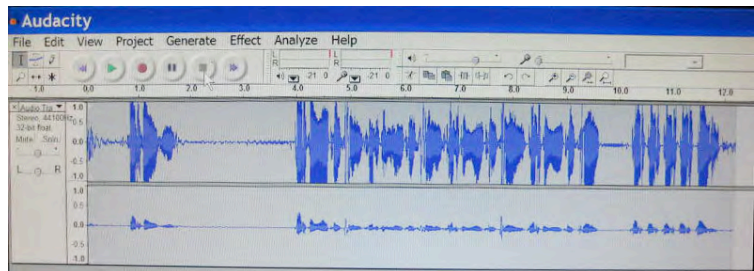
#### **A. *Let's Talk Health!* Radio Programming**

Communities were consulted regarding their interest in topics. Initially 7 pre-recorded segments and one live call-in show were scheduled for production. The goal was to produce shows as 15-minute segments, which would be broadcast via community radio stations and the Internet on a weekly basis during February and March 2008, with the last live call-in show scheduled to air March 31, 2008. Time and budget permitted, so 3 more 15-minute segments were added. The programming formats used were:

1. PSAs - One to two minute capsules on each of the program subjects that served to raise awareness of the health issue and promote the health radio programming (interviews, website and call-in show);
2. Pre-recorded Interviews – 15-minute interviews on each of the program subjects (see below) that served to provide listeners with a greater understanding of the health and social issues and their related actions that they can undertake as individuals and communities;
3. Live Call-in Show - A one-hour live call-in show (toll-free line) simul-cast via community radio stations and the Internet on a province-wide basis.

#### **B. Web-based Technologies to Enable Access**

The radio programs were recorded by telephone using a small audio mixer connected to recording software (Audacity) in a computer. This permitted access to a wide range of guest speakers without incurring travel costs and a large expenditure of time. The recordings were edited digitally in the computer and converted into MP3 files for easier transmission. They were then posted to a secure SFTP web site which both the radio stations and the communities could easily access and download the audio files for broadcast during their *Let's Talk Health!* timeslot.



The small mixer/microphone units were also demonstrated in a number of local communities and Network Partner Initiative (NPI) Coordinators at 3 locations were trained to do their own recordings so that they could continue to produce audio programming for the radio stations once the project was completed. The audio files were also posted on the CJMQ-FM web site for “anytime” listening by those with a high-speed Internet connection.

### C. Delivery of Activities and Evaluation

Linking was made with the Telehealth Program so that topics and expert presenters could be aligned. The aim was to provide community radio as a follow-up activity to Telehealth programming. The following topics were selected and interviews were pre-recorded:



- *Bullying*
- *Communication, Self-Esteem and Teens*
- *How to Talk to Your Kids About Sex*
- *Addiction and Recovery*
- *Online (Gaming) Addiction*
- *Colon Cancer*
- *Grieving and Loss*
- *Heart Health*
- *Nutrition and Obesity*
- *Bone Health (Osteoporosis)*

Shows were planned and delivered with the program host working closely with the presenters, to develop a question and answer format. This was done to make the show appealing while encouraging listeners to call in with questions for the one live call-in show. The host had home office radio recording technology access so as to be able to pre-record phone interviews with presenters. The live call-in show was produced with both the presenter and the host in studio, along with a radio technician at CJMQ-FM in Lennoxville.

Evaluation tools used in the pilot project were fine-tuned and made available in the form of an online survey using “Survey Monkey.” A breakdown of the responses to questions for most of the radio shows appears in APPENDIX A. Also added to the evaluation process was an interview with communities to learn more about how they carried out community radio, what worked and what could be improved.

## IV. RESULTS ACHIEVED

**Table 1: *Let's Talk Health!* community radio programming results at a glance by community, from December 20, 2007 to March 31, 2008:**

COMMUNITY	PARTNER RADIO STATION	PROGRAMMING ACTIVITY	PARTNERSHIPS FORMED AND RESULTS ACHIEVED
CASA - Gaspé	CBAE-FM Campbellton, NB	Aired all 11 shows	Promoted shows via radio, print, posters, word of mouth and Internet.  Plans to rebroadcast shows using the Internet.  Plans for Family Ties to listen as a group.
CAMI – Magdalen Islands	CFIM-FM Magdalen Islands	Aired 10 of the 11 shows Produced and aired their own show on Grieving Produced many PSAs for <i>How to Talk to Your Kids about Sex, Nutrition and Obesity</i> , and <i>Grieving</i> .	Partnerships formed with: <ul style="list-style-type: none"> <li>Local elementary school</li> <li>CSSS</li> <li>Anglican Minister</li> </ul> Promoted shows via radio, print, posters, word of mouth and Internet.  Held contests in conjunction with aired shows to stimulate participation.  Coordinated community listening clusters.
COASTERS Association – Lower North Shore	CFTH-FM – Harrington Harbour CJAS-FM- St. Augustin CFBS-FM – Blanc Sablon	Aired all 11 shows	Partnered with: <ul style="list-style-type: none"> <li>Local CSSS for show content</li> <li>Schools</li> <li>CLCs</li> <li>Health Care Professionals (social workers, nutritionist)</li> </ul> Promoted shows via radio, print, posters, word of mouth and Internet.  Coordinated community listening clusters for each of the shows aired.
OHSSN - Ouataouais	CHIP-FM Pontiac	Aired all 11 shows	Participated in conference calls with the aim of putting radio shows onto OHSSN web site.
Townshippers' Association – Estrie and Monteregie regions	CJMQ-FM Lennoxville	Aired all 11 shows	Partnered with: Centre Jean-Patrice Chaisson  Promoted shows via radio, print, posters, word of mouth and Internet.  Coordinated community listening clusters for the live call-in show.

### Highlights

- 3 new communities joined in community radio this funding year
- 2 existing and 5 new partnerships with community radio stations
- 11 shows were aired in 5 geographically disperse communities



All 11 shows were posted to the CHSSN Community Public Health Education Program web site ([http://www.chssn.org/En/Health\\_Education\\_Program/index.html](http://www.chssn.org/En/Health_Education_Program/index.html)), making them widely available for ongoing follow-up.

## ***V. EVALUATION PROCESS***

Evaluation was based on a three-pronged approach, involving: 1) Interviewing participating communities – Community Narratives, 2) Online evaluations which were culled using the Survey Monkey tool, and 3) Evaluator observations.

### **Results of the Process**

#### ***Community Narratives***

Four of the five communities involved completed evaluation interviews in which they gave their feedback about the project, including community impact. Constructive feedback was that communities would have appreciated a longer time period to facilitate planning, the quality of the pre-recorded interviews sounded like eavesdropping on a conversation, difficulty coordinating between disperse radio stations for one particular community, and that cluster groups were difficult to form in some regions in that given the choice people could easily listen from home.

NPI Coordinators cited the following impact of community radio on their communities:

- That working with their public health partners and community radio stations was constructive;
- That having access to their own recording technology provides another tool for health promotion and prevention;
- That the shows were well received and the content appreciated by their communities.

#### ***Online Evaluations***

Review of the online evaluation results from Survey Monkey (APPENDIX A) reveals that 94% of listeners were female and 72% under 40! And 93% of listeners surveyed found the material interesting and relevant. When asked about the most useful points of information and discussion, participants cited the following:

“Letting your teen have the space to grow and make decisions on their own within reason.” (*Communication, Self-Esteem and Teens*)

“How to communicate with your teen, i.e., no yelling, be calm, assess the request, keep an open mind and listen.” (*Communication, Self-Esteem and Teens*)

“Fiber is greater weight management. The age of obesity from ages 2 to 4 years of age.” (*Nutrition and Obesity*)

“The side effects of heart disease certain cancers, diabetes, high cholesterol & blood pressure. Diets don't work, eating healthy (Canada's food guide) statistics, health risks, lifestyle changes, dieting, breakdown of what your plate during mealtime should look like.” (*Nutrition and Obesity*)

“Reinforcing the fact ‘diets’ don't work...changing your habits works.” (*Nutrition and Obesity*)

“It was good and I'm going to change my eating habits.” (*Nutrition and Obesity*)

“Discussing with your child at the age of three (early) and naming the anatomy properly.”(*How to Talk to Your Kids About Sex*)

“Talk to your child at an earlier age about the proper names for body parts, make sure they know it’s not shameful.” (*How to Talk to your Kids about Sex*)

“How adults are bullied too.” (*Bullying*)

“Continue the good work.”

Constructive comments centred on: the length of the presenter introductions and that segments were too long.

### ***Evaluator Observations***

The listening audience was larger this programming year, with a potential reach of 60-70,000 listeners given the involvement of 3 additional communities and their local community radio stations. Consequently, community radio broadcasting made accessible to a broader geographically dispersed population, information on health and social topics. In this way, it is a great model to use for reaching the outerlying communities.

A new important community radio partnership was CBAE-FM for CASA. Although outside of Quebec, this station’s location and availability meant increased access to English-language health education programming for this remote Gaspé community.

The diversity of topics might indicate the increased listening by a younger demographic, not commonly represented in the listening audience.

## ***VI. RECOMMENDATIONS***

Community radio programming is a viable way to disseminate a variety of health and social information. The following recommendations are that:

- Online web cast be used as a method of reaching a wider remote audience, thereby making English-language health information more accessible;
- Community radio continue to be utilized as an important bridge with Telehealth (videoconferencing) and follow-up activity because it provides an opportunity for partnering;
- Community radio is indeed a valuable tool for community learning because it increases awareness of and provides greater access to English-language health information;
- To effectively achieve all this, radio programming needs to start earlier in the year and be ongoing;
- If the message is consistently and regularly delivered, a listening audience can be developed, and community radio can become sustainable in bringing quality health and social information to outer lying communities.

## *THANK YOU...*

The community radio team acknowledges and thanks the following organizations and individuals for their participation in this project:

- CAMI
- CASA
- CBAE-FM Radio (Campbellton, NB)
- Centre Jean-Patrice Chaisson
- COASTERS Association
- CFIM-FM Radio (Magdalen Islands)
- CFTH-FM Radio (Harrington Harbour)
- CFTS-FM Radio (Blanc Sablon)
- CHIP-FM Radio (Pontiac)
- CJAS-FM Radio (St. Augustine)
- CJMQ-FM Radio (Lennoxville)
- Fraser Recovery Program
- McGill University Training and Human Resources Development Project
- OHSSN
- Presenters: Desiree Chaker, Sara Creighton-Weibe, Dawn Cruchet, Hugh Fraser, Dail Jacob, Jo Ann Jones, Ruth Martin, Danielle Pinsonneault, and Myra Siminovitch
- The Grief Centre
- Townshippers' Association

## **APPENDIX A – Raw data results of Survey Monkey**

LET'S TALK HEALTH! - RADIO PROGRAM - COMMUNITY CLUSTER EDIT  
TITLE

CURRENT REPORT : DEFAULT REPORT ADD REPORT

RESPONSE SUMMARY TOTAL STARTED SURVEY: 19

TOTAL COMPLETED SURVEY: 19 (100%)

PAGE: LISTENER EVALUATION

1. WE WOULD APPRECIATE YOUR FEEDBACK ABOUT THE CJMQ (WWW.CJMQ.FM) RADIO SHOW ON  
(PLEASE CHECK ONE):

RESPONSE

PERCENT

RESPONSE

COUNT

BONE HEALTH 0.0% 0

HEART HEALTH 0.0% 0

COLON CANCER 0.0% 0

GRIEVING AND LOSS 0.0% 0

ONLINE ADDICTION 0.0% 0

HOW TO TALK TO YOUR KIDS ABOUT SEX 31.6% 6

BULLYING 5.3% 1

ADDICTION & RECOVERY 0.0% 0

NUTRITION & OBESITY 26.3% 5

COMMUNICATION & TEENS 36.8% 7

ANSWERED QUESTION 19

SKIPPED QUESTION 0

2. YOU LISTENED TO THE SHOW BY:

RESPONSE

PERCENT

RESPONSE

COUNT

RADIO BROADCAST 66.7% 12

WEB CAST 33.3% 6

ANSWERED QUESTION 18

SKIPPED QUESTION 1

DESIGN SURVEY COLLECT RESPONSES ANALYZE RESULTS

VIEW SUMMARY

BROWSE RESPONSES

FILTER RESPONSES

DOWNLOAD RESPONSES

SHARE RESPONSES

SURVEYMONKEY - SURVEY RESULTS

[HTTP://WWW.SURVEYMONKEY.COM/MySurvey\\_Responses.aspx?SM=Oo...](http://www.surveymonkey.com/MySurvey_Responses.aspx?SM=Oo...)

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2. YOU LISTENED TO THE SHOW BY:

ANSWERED QUESTION 18

SKIPPED QUESTION 1

DATE: 18

3. YOUR LOCATION:

RESPONSE

COUNT

18

ANSWERED QUESTION 18

SKIPPED QUESTION 1

4. DID THE SHOW'S CONTENT MEET YOUR EXPECTATIONS IN TERMS OF?

POOR FAIR GOOD

VERY

GOOD

EXCELLENT N/A

RATING

AVERAGE

RESPONSE

COUNT

DEFINITIONS AND CAUSES

0.0%

(0)

33.3%

(5)

26.7%

(4)

20.0%

(3)

20.0% (3)

0.0%

(0)

3.27 15

WAYS TO DEAL WITH THE ISSUE

0.0%

(0)

13.3%

(2)

46.7%

(7)

26.7%

(4)

6.7% (1)

6.7%

(1)

3.29 15

RESOURCES

0.0%

(0)

8.3%

(1)

25.0%

(3)

50.0%

(6)

16.7% (2)

0.0%

(0)

3.75 12

OVERALL

0.0%

(0)

0.0%

(0)

53.8%

(7)

23.1%

(3)

15.4% (2)

7.7%

(1)

3.58 13

ANSWERED QUESTION 16

SKIPPED QUESTION 3

5. OVERALL, HOW WOULD YOU RATE THE SUBJECT MATTER OF THE SHOW?

NOT AT

ALL

NOT

VERY SOMEWHAT MOSTLY VERY

RATING

AVERAGE

RESPONSE

COUNT

RELEVANT

0.0%

(0)

0.0%

(0)

6.3% (1)

25.0%

(4)

68.8%

(11)

4.63 16

INTERESTING

0.0%

(0)

0.0%

(0)

6.7% (1)

66.7%

(10)



26.7%

(4)

4.20 15

PRACTICAL

0.0%

(0)

0.0%

(0)

13.3% (2)

53.3%

(8)

33.3%

(5)

4.20 15

ANSWERED QUESTION 16

SKIPPED QUESTION 3

SURVEYMONKEY - SURVEY RESULTS

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6. WHAT WERE THE MOST USEFUL POINTS OF INFORMATION/DISCUSSION? PLEASE EXPLAIN:

RESPONSE

COUNT

16

ANSWERED QUESTION 16

SKIPPED QUESTION 3

7. WERE THERE ANY POINTS OF INFORMATION/DISCUSSION MISSING? PLEASE EXPLAIN:

RESPONSE

COUNT

16

ANSWERED QUESTION 16

SKIPPED QUESTION 3

8. IF YOU LISTENED TO THIS RADIO SHOW AS PART OF A GROUP (COMMUNITY CLUSTER), PLEASE RATE THE ORGANIZATION OF THE

SESSION:

POOR FAIR GOOD

VERY

GOOD

EXCELLENT N/A

RESPONSE

COUNT

ARRANGEMENTS

0.0%

(0)

0.0%

(0)

7.7%

(1)

30.8%

(4)

15.4% (2)

46.2%

(6)

13

FACILITIES

0.0%

(0)

0.0%

(0)

0.0%

(0)

38.5%

(5)

15.4% (2)

46.2%

(6)

13

FORMAT

0.0%

(0)

0.0%

(0)

0.0%

(0)

50.0%

(6)

0.0% (0)

50.0%

(6)

12

DOCUMENTATION

0.0%

(0)

0.0%

(0)

0.0%

(0)

50.0%

(6)

0.0% (0)

50.0%

(6)

12

FACILITATION

0.0%

(0)

0.0%

(0)

0.0%

(0)  
33.3%  
(4)  
16.7% (2)  
50.0%  
(6)  
12

OVERALL  
0.0%  
(0)  
0.0%

(0)  
0.0%  
(0)  
50.0%

(6)  
0.0% (0)  
50.0%  
(6)  
12

ANSWERED QUESTION 13

SKIPPED QUESTION 6

9. OTHER COMMENTS:

RESPONSE

COUNT

ANSWERED QUESTION 8

SKIPPED QUESTION 11

SURVEYMONKEY - SURVEY RESULTS

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9. OTHER COMMENTS:

ANSWERED QUESTION 8

SKIPPED QUESTION 11

8

10. IT WOULD HELP US IN PLANNING FUTURE SESSIONS TO KNOW MORE ABOUT YOU. PLEASE HELP US BY ANSWERING THE

FOLLOWING QUESTIONS: WHAT IS YOUR INTEREST IN THE TOPIC (PLEASE CHECK ALL THAT APPLY):

RESPONSE

PERCENT

RESPONSE

COUNT

I'M A PERSON DIRECTLY AFFECTED BY THIS

TOPIC

50.0% 9

I'M A FAMILY MEMBER/FRIEND OF

SOMEONE AFFECTED BY THIS TOPIC 61.1% 11

I'M A HEALTH CARE PROVIDER 0.0% 0

OTHER (PLEASE SPECIFY) 11.1% 2

ANSWERED QUESTION 18

SKIPPED QUESTION 1

11. YOU ARE:

RESPONSE

PERCENT

RESPONSE

COUNT

MALE 5.6% 1

FEMALE 94.4% 17

ANSWERED QUESTION 18

SKIPPED QUESTION 1

12. YOUR AGE GROUP:

RESPONSE

PERCENT

RESPONSE

COUNT

UNDER 20 YEARS 5.6% 1

UNDER 40 YEARS 72.2% 13

UNDER 60 YEARS 22.2% 4

OVER 60 YEARS 0.0% 0

ANSWERED QUESTION 18

SKIPPED QUESTION 1

TERMS OF USE PRIVACY STATEMENT OPT OUT/OPT IN CONTACT US

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1 OF 1 06/05/2008 1:28 PM

DISPLAYING 1 - 18 OF 18 RESPONSES << PREV NEXT >> JUMP TO: GO >>

COMMENT TEXT RESPONSE DATE

1. MARCH 20, 2008 FRI, 4/18/08 6:19 AM

2. MARCH 20, 2008 FRI, 4/18/08 6:16 AM

3. MARCH 20, 2008 FRI, 4/18/08 6:11 AM

4. MARCH 20, 2008 FRI, 4/18/08 6:06 AM

5. APRIL 11, 2008 FRI, 4/18/08 6:02 AM

6. APRIL 11, 2008 FRI, 4/18/08 5:59 AM

7. APRIL 11, 2008 FRI, 4/18/08 5:54 AM

8. APRIL 8, 2008 FRI, 4/18/08 5:47 AM

9. APRIL 8, 2008 THU, 4/17/08 2:06 PM

10. APRIL 8, 2008 THU, 4/17/08 1:59 PM

11. APRIL 8, 2008 THU, 4/17/08 1:56 PM

12. MARCH 20, 2008 THU, 4/17/08 1:49 PM

13. MARCH 20, 2008 THU, 4/17/08 1:46 PM

14. MARCH 20, 2008 THU, 4/17/08 1:43 PM

15. MARCH 20, 2008 THU, 4/17/08 1:39 PM

16. MARCH 20, 2008 THU, 4/17/08 8:47 AM

17. MARCH 20, 2008 WED, 4/16/08 8:06 AM

18. MARCH 6, 2008 THU, 4/3/08 8:23 AM

25 RESPONSES PER PAGE

1

SURVEYMONKEY - SURVEY RESULTS

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1 OF 1 06/05/2008 1:28 PM

DISPLAYING 1 - 18 OF 18 RESPONSES << PREV NEXT >> JUMP TO: GO >>

COMMENT TEXT RESPONSE DATE

1. ST. PAUL'S RIVER, QUEBEC FRI, 4/18/08 6:19 AM

2. ST. PAUL'S RIVER, QUEBEC FRI, 4/18/08 6:16 AM

3. ST. PAUL'S RIVER, QUEBEC FRI, 4/18/08 6:11 AM

4. OLD FORT BAY, QUEBEC FRI, 4/18/08 6:06 AM

5. ST. AUGUSTINE FRI, 4/18/08 6:02 AM

6. ST. AUGUSTINE (HOME) FRI, 4/18/08 5:59 AM

7. HOME FRI, 4/18/08 5:54 AM

8. AT HOME FRI, 4/18/08 5:47 AM

9. ST. AUGUSTINE, QUEBEC THU, 4/17/08 2:06 PM

10. ST. AUGUSTINE, QUEBEC THU, 4/17/08 1:59 PM

11. ST. AUGUSTINE, QUEBEC THU, 4/17/08 1:56 PM

12. OLD FORT BAY, QUEBEC THU, 4/17/08 1:49 PM

13. OLD FORT BAY, QUEBEC THU, 4/17/08 1:46 PM

14. ST. PAUL'S RIVER, QUEBEC THU, 4/17/08 1:43 PM

15. ST. PAUL'S RIVER THU, 4/17/08 1:39 PM

16. ST. PAUL'S RIVER. QUEBEC THU, 4/17/08 8:47 AM

17. ST. PAUL'S RIVER, QUEBEC WED, 4/16/08 8:06 AM

18. MAGDALEN ISLANDS THU, 4/3/08 8:23 AM

25 RESPONSES PER PAGE

1

SURVEYMONKEY - SURVEY RESULTS

[HTTP://WWW.SURVEYMONKEY.COM/MySurvey\\_ResponsesText.aspx?SM...](http://www.surveymonkey.com/MySurvey_ResponsesText.aspx?SM...)

1 OF 1 06/05/2008 1:29 PM

DISPLAYING 1 - 16 OF 16 RESPONSES << PREV NEXT >> JUMP TO: GO >>

COMMENT TEXT RESPONSE DATE

1. LETTING YOUR TEEN HAVE THE SPACE TO GROW AND MAKE DECISIONS ON THEIR OWN WITHIN REASON  
FRI, 4/18/08 6:16 AM

2. HOW TO COMMUNICATE WITH YOUR TEEN ;IE NO YELLING, BE CALM, ASSESS THE REQUEST, KEEP AN  
OPEN MIND AND LISTEN FRI, 4/18/08 6:11 AM

3. WHAT WAY WE PUT OURSELVES DOWN AND HOW WE CAN CHANGE IT TO BE MORE POSITIVE FRI,  
4/18/08 6:06 AM

4. SIMPLIFIED EXPLANATIONS THAT WOULD NOT BE MISENTERPRETED BY TEENS FRI, 4/18/08 6:02 AM

5. REMINDING US OF THE BASICS OF SELF-ESTEEM "WHO" WE ARE NOT WHAT "THINGS". MAKE US FRI,  
4/18/08 5:59 AM

6. THEY WERE ALL USEFULL POINTS FRI, 4/18/08 5:54 AM

7. FIBER IS GREATER WEIGHT MANAGEMENT. THE AGE OF OBESITY FROMAGES 2 TO4 YEARS OF AGE. THE  
SIDE EFFECTS OF

HEART DISEASE CERTAIN CANCERS, DIABETES, HIGH COLLESRERAL & BLOOD PRESURER. DIETS DON'T  
WORK, EATING HEALTHY

(CANADA'S FOOD GUIDE)

FRI, 4/18/08 5:47 AM

8. STATISTICS, HEALTH RISKS, LIFESTYLE CHANGES, DIETING, BREAKDOWN OF WHAT YOUR PLATE DURING MEALTIME SHOULD LOOK LIKE.

THU, 4/17/08 2:06 PM

9. RE-INFORCING THE FACT "DIETS" DON'T WORK...CHANGING YOUR HABITS WORKS. THU, 4/17/08 1:59 PM

10. IT WAS GOOD AND I'M GOING TO CHANGE MY EATING HABITS THU, 4/17/08 1:56 PM

11. CHANGING EATING HABITS THU, 4/17/08 1:49 PM

12. TALKING TO YOUR CHILDREN AT AN EARLY AGE THU, 4/17/08 1:46 PM

13. DISCUSSING WITH YOUR CHILD AT THE AGE OF THREE (EARLY) AND NAMING THE ANATOMY PROPERLY. THU, 4/17/08 1:43 PM

14. TALK TO YOUR CHILD AT AN EARLIER AGE ABOUT THE PROPER NAMES FOR BODY PARTS, MAKE SURE THEY KNOW IT'S NOT SHAMEFUL.

THU, 4/17/08 1:39 PM

15. TALKING WITH YOUR CHILDREN THU, 4/17/08 8:47 AM

16. TALKING WITH YOUR CHILDREN AT AN EARLY AGE WED, 4/16/08 8:06 AM

25 RESPONSES PER PAGE

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1 of 1 06/05/2008 1:29 PM

DISPLAYING 1 - 16 OF 16 RESPONSES << PREV NEXT >> JUMP TO: GO >>

COMMENT TEXT RESPONSE DATE

1. THE DEFINITIONS OF SELF-ESTEEM WAS A BIT VAGUE. NEED TO TOUCH MORE ON VARIOUS AREAS SUCH AS, HOME LIFE, SCHOOL, EXTENDED FAMILIES, ETC...

FRI, 4/18/08 6:16 AM

2. I WOULD HAVE LIKED MORE INFO ON THE CAUSES OF THE LOW SELF-ESTEEM, NOT JUST THE IMPACT HOME LIFE WILL HAVE ON A CHILD'S DEVELOPING SELF-ESTEEM

FRI, 4/18/08 6:11 AM

3. IT'S EASY TO SAY LET'S CHANGE THINGS...BUT WHAT ARE THE STEPS WE NEED TO DO, TO CHANGE IT. MORE DEFINED STEPS FRI, 4/18/08 6:06 AM

4. No FRI, 4/18/08 6:02 AM

5. No FRI, 4/18/08 5:59 AM

6. No FRI, 4/18/08 5:54 AM

7. NONE FRI, 4/18/08 5:47 AM

8. No THU, 4/17/08 2:06 PM

9. No THU, 4/17/08 1:59 PM

10. No THU, 4/17/08 1:49 PM

11. YES! SHE WENT FROM 3 YEARS TO TEENAGERS. THERE WAS NO IN BETWEEN. THU, 4/17/08 1:46 PM

12. DID NOT TOUCH ON PUBERTY, EARLY ADOLESCENT RELATIONSHIPS, AND FOCUSED TOO MUCH ON THE PROPER AGE TO BECOME SEXUALLY ACTIVE.

THU, 4/17/08 1:43 PM

13. NOT MUCH INFORMATION ON HOW TO UNDERSTAND PRE-TEENS AND ANY QUESTION THEY MAY HAVE THU, 4/17/08 1:39 PM

14. NO THU, 4/17/08 8:47 AM

15. TOO MUCH SPACE BETWEEN THE AGES WED, 4/16/08 8:06 AM

16. HOW ADULTS ARE BULLIED TOO THU, 4/3/08 8:23 AM

25 RESPONSES PER PAGE

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1 OF 1 06/05/2008 1:29 PM

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COMMENT TEXT RESPONSE DATE

1. THERE IS A LOT OF INFO IN A SHORT AMOUNT OF TIME, BUT THE INTRODUCTION BY THE INTERVIEWER WAS VERY LONG FRI, 4/18/08 6:11 AM

2. VERY INFORMATIVE FRI, 4/18/08 6:02 AM

3. I THINK IT IS A GOOD SEGMENT. I SHOULD BE RE BROADCASTED AT THE BEGINNING OF THE NEW SCHOOL YEAR FRI, 4/18/08 5:59 AM

4. I AM OVERWEIGHT, THEREFORE THE TOPIC WAS RELEVANT THU, 4/17/08 2:06 PM

5. I LIKE THE DRAW YOUR DISH AND SEE YOUR PORTIONS THU, 4/17/08 1:59 PM

6. GOOD, MY MOM IS GONNA MAKE A PLATE FOR ME AND PUT IT ON THE FRIDGE TO REMIND ME. THU, 4/17/08 1:56 PM

7. NONE WED, 4/16/08 8:06 AM

8. CONTINUE THE GOOD WORK THU, 4/3/08 8:23 AM

25 RESPONSES PER PAGE

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