

Community Health and Social Services Network (CHSSN)

Community Radio

January 1 to March 31, 2007



Written by:

**Kelly Howarth, M. Ed., Dpl. Ad. Ed.
Community Support Coordinator/Evaluator**

In consultation with Russell Kueber, M. Ed., Project Manager

May 2007

**A CHSSN project sponsored by the McGill University Training and Human
Resources Development Project
in partnership with Townshippers' Association and CJMQ**

Table of Contents

I. Background and Project Description	2
II. Specific Project Objectives	2
III. Intended Impacts	2
IV. Activities Accomplished	3
V. Narrative of Activities Completed	3
VI. Evaluation and Data Collection Activities Conducted	4
VII. Presentation of Community Radio Program Results Measuring Access and Satisfaction	6
VIII. Presentation of Additional Data Collected per Session	6
IX. Narrative Data Gathered on Pilot Re-broadcast on Lower North Shore .	7
X. Narrative of Data Collected in Measuring Community Capacity	8
XI. Condensed Narrative Summary of Results	8
XII. Lessons Learned and Recommendations for Future Implementation ..	8
Appendix A	11
Appendix B	12
Appendix C	13
Appendix D	15

I. BACKGROUND AND PROJECT DESCRIPTION

1. The administrative regions of Estrie, Montérégie and the Lower North Shore (LNS) are underserved with respect to access to information in English provided by the health and social services institutions of their regions. Sixty per cent of Anglophones in these regions did not receive information about services in English in the last two years from the public system. In the case of Estrie, only 21% of Anglophone population received information on public health and prevention programs in English from the public health system (34% for Côte-Nord). Community organizations and schools were the favoured means of receiving this type of information (Source: Baseline Data Report 2005-2006, CHSSN).
2. The communities in the target regions must address pressures of demographic decline (outmigration), aging, loss of adult caregiver generation, and other challenges to population health, such as low income and unemployment. (Source: CHSSN 2001 Demographic Profiles of English-speaking communities by administrative region and CSSS territory).
3. The project built from the existing distant community support program by piloting health promotion and health education activities as a support activity proceeding teleconferencing. The project aimed to support the local efforts of the regional English-speaking organization in the regions of Estrie and Montérégie, Townshippers' Association, to create partnerships with the local radio station and professionals in the delivery of 2 health promotion and health education radio talk shows. Community radio talk shows are a proven effective method of delivering relevant health information.
4. The findings and processes were to be documented and shared with the Lower North Shore (local radio station and regional English-speaking organization, COASTERs Association). In addition, consultation and support was to be given to both service providers to increase their capacity to better serve the English-speaking regions in the future.

II. SPECIFIC PROJECT OBJECTIVES

- I. To test the effectiveness of local English-speaking community radio broadcasting in one English-speaking region as a support activity in the distance community support program.
- II. To verify test results in one other region that uses community radio broadcasting in order to validate the model as a support activity in the distance community support program.

III. INTENDED IMPACTS

- ✓ Increase access to public health and health promotion programs for English-speaking communities of Estrie and the Lower North Shore (Community Radio target audience of 30,000 persons in Estrie and 3,500 persons on the Lower North Shore (CSSS Basse Côte-Nord).
- ✓ Dissemination of results of use of community radio for distance community support to other remote regions, where community radio is used for communication.

IV. ACTIVITIES ACCOMPLISHED

- 1) Developed a work plan with the partner local radio station(s) and the two partner regional associations (Townshippers' Association and COASTERs Association) to implement project goals and programming capacity.
- 2) Supported radio stations in purchasing technology upgrades to ensure maximum reception by target communities.
- 3) Supported the regional English-speaking organization Townshippers' Association, in identifying health and social service needs and defining the public health and health promotion content for broadcasting.
- 4) Identified and scheduled programs for broadcasting, trained a moderator and solicited professional participation in the development and delivery of the radio talk shows.
- 5) Promotion and delivery of 3 broadcasts, including the Lower North Shore (APPENDIX B & C).
- 6) Produced a feasibility plan for application to the Lower North Shore (APPENDIX B).
- 7) Liaised with the McGill Project with regard to dissemination of results to northern communities in Quebec currently using community radio.
- 8) Completed an evaluation on the project (TABLES B & C, APPENDIX D).

V. NARRATIVE OF ACTIVITIES COMPLETED

Let's Talk Health, a series of two health education radio talk shows, was held whereby professionals on the topics of dependencies and mental health were recruited and scheduled. Community clusters were established in Knowlton, Richmond, Sherbrooke, Magog, Lennoxville, Thetford Mines and Bedford. Community clusters are created when a group of people join together to listen to the radio broadcast. Experience (Hugh Maynard, 2007) reveals that community clusters are informal learning groups that enable people to assemble, for example, around the kitchen table or from a local community center.

An initial meeting was held with radio team members whereby all planning was done and tasks were distributed. A schedule of show times was developed and times and topics were selected. Topics were chosen based on Townshippers' Association's community request and consistent with follow-up efforts under the Telehealth Program. Session times were from 1:00 to 2:00 pm and on Tuesdays, dovetailing with prearranged Telehealth Sessions.

Both CJMQ Radio and CJAS Radio were contacted and provisions were made to purchase the necessary technology upgrades to ensure maximum reception by the target communities.

A Likert scale type of survey was developed on paper for use with community clusters and then adapted and made available online using "Survey Monkey," an internet tool that enables online feedback along with the ability to compile the results. Local sponsors were asked to donate prizes that would entice people to call in with their feedback or complete the online survey.

Community clusters were established for the purpose of creating a group learning experience that would act as a support in terms of Telehealth follow-up. Information about the shows, including presenter handouts and participant evaluation forms were then forwarded to the community cluster organizers/facilitators.

Publicity used to promote both radio shows included: posters, press releases for each show to English media, listings in *The Stanstead Journal*, *The Sherbrooke Record*, *The Outlet* and *The Townships Sun* (show #2 only), *Townships Happenings* website, its weekly column in *The Record*, CJMQ's column in *The Record*, Townshippers' Association's E-Bulletin, website and weekly radio shows on CJMQ, public service announcement on CBC (show #1 only) and on CJMQ. Additional sources for publicity and promotion included e-mailing the press release and flyer to: The Quebec Association for Adult Learning, The Learning Exchange, and those communities involved in the Telehealth Program.

A moderator/host was selected from the team and trained. The radio shows were planned and carried out with the host working to co-develop with the presenters, a question and answer format that would achieve the goal of making the show appealing, while encouraging listeners to call in with questions. The host then became the surrogate listener for the audience (Charles Pitts, 2007). Also key was the integration of numerous telephone and Internet resources for listeners to gain more information on each topic. The chart below summarizes the activities completed and results achieved.

After the first show, the team met via conference call to debrief and look at the impact of the show and how to improve for the next one. The team discussed technical improvements, format and how the show would be edited for use with the Lower North Shore (LNS). The second show also had a similar debriefing. The team met for one last time via conference call to discuss the "lessons learned" and the impact of this project on community capacity to disseminate health and social information via radio broadcast.

A feasibility plan for the delivery of both radio shows to the Lower North Shore was developed by Hugh Maynard in March 2007 after some discussion with CJAS Radio. On April 24, 2007 at 6:03, the *Let's Talk Dependencies* radio show was re-broadcast as a pilot from CJAS Radio in St. Augustine. The show was promoted via both print and radio advertisements. Four news segments prior to airing the show promoted the three aspects dependency—gambling, drugs and alcohol—so that people could tune in according to their interest in the topic. Evaluation was given verbally via phone post-show. This process was debriefed with the CJAS Station Manager.

VI. EVALUATION AND DATA COLLECTION ACTIVITIES CONDUCTED

1. **Evaluated learning of the participants and format of delivery** – via a questionnaire that determines learning from the audience's perspective to attain such things as their satisfaction with the topic and presenter, and whether they achieved a better understanding of the issues. Participants were recruited to participate in a questionnaire (electronic survey, survey monkey on-line) and also solicited to receive a questionnaire through the mail. In the case of a community cluster (situation where participants gather together to listen and discuss the radio broadcast with a facilitator, i.e., at community centre) were asked to fill out a questionnaire.
2. **Evaluated community capacity to deliver a health and social service education program via radio broadcasting** – one-on-one and round table interview techniques were used with key stakeholders and informants (Townshippers' Association, COASTERs Association, radio station, consultant) in determining the increase in community's capacity to manage radio broadcasting in the future, and validating this as a viable and sustainable tool for their community and others (i.e., Lower North Shore).

VII. PRESENTATION OF COMMUNITY RADIO PROGRAM RESULTS MEASURING ACCESS AND SATISFACTION

The following Table (TABLE A) illustrates the Community Radio Program Schedule for *Let's Talk Health*, and the quantitative results achieved for January 1 to March 31, 2007, at a glance:

TOPIC AND DATE	HOST COMMUNITY	NUMBER OF COMMUNITY CLUSTERS	TOTAL # OF CLUSTER PARTICI- PANTS	NO OF CALL- INS	APPROXIMATE NUMBER OF LISTENERS	PARTNERSHIPS
February 27, 2007 1:00-2:00 pm EST <i>Let's Talk Dependencies</i> Danielle Pinsonneault, Psychoeducator – Centre Jean- Patrice Chiasson	Townshippers' Association (Estrie and Montérégie, Region #s 16 and 5)	1. Knowlton (Connections for Mental Health - 6 2. Richmond (Big Picture Project - 2 3. Thetford Mines (MCDC) - 1 4. Sherbrooke (Townshippers' Office) - 3 5. Magog - 5	18	9	900 *	CJMQ Radio CJAS Radio Centre Jean-Patrice Chiasson Maison St. Georges Connection for Mental Health Big Picture Project MCDC Bishops University Sports Center Myrna Lowry MacDonald, Massage Therapist (prize donations) CJAD Montreal 940 News and Charles Pitts' Radio show "The Health Guide" (to promote the session) COASTERS Association
March 13, 2007 1:00-2 :00 pm EST <i>Let's Talk Mental Health</i> Judith Ross, Executive Director – Mental Health Estrie	Townshippers' Association (Estrie and Montérégie, Region #s 16 and 5)	1. Knowlton (Connections for Mental Health) – 6 2. Richmond (Big Picture Project) - 2 3. Lennoxville (Lennoxville Vocational Education Center) - 15	23	6	600 *	CJMQ Mental Health Estrie Bishops University Sports Center Black Cat Books (prize donations) Connections for Mental Health MCDC Lennoxville Vocational Education Center Big Picture Project
TOTALS		8 clusters	41	15	1500	15 partnerships

* Calculation based on 1 call-in = approximately 100 listeners.

VIII. PRESENTATION OF ADDITIONAL DATA COLLECTED PER SESSION

The following two tables are a display of data collected from a post-show survey conducted with participants.

TABLE B illustrates the quantitative results for the first radio show:

Let's Talk Health - Dependencies					
Did the phone-in session meet your expectations?					
	Fair = 1	2	3	4	Excellent = 5
Gambling Content			3.80		
Drugs and Alcohol Content			3.75		
Resources Content			3.20		
Overall			3.60		
*Numbers are based on average scores					
Overall, how would you rate the subject matter of the session?					
	Not very = 1	2	3	4	Very = 5
Relevant				4.80	
Interesting			3.80		
Practical			3.60		
What were the most useful points of information/discussion?					
“Knowing there [are] services available in English in the Townships.”					
“General information about what is a problem and what is not.”					
“The information and advice from the presenter and the experience and concerns of others.”					
“The gambling content was especially interesting as there is very little info[rmation] circulating within the community in English.					
The questions from callers about dealing with recovery were excellent, as were the numbers for the different services.”					
Were there any points of information/discussion missing? Other comments:					
“More information about resources in various parts of the Townships.”					
“No new info. Learned everything in high school.”					
“Speaker too monotone easy to lose interest on an interesting subject.”					
“Some of the callers were allowed a bit too much time...also there was a lot of background noise at times (voices) which was a bit distracting.”					
“I thought the callers would be anonymous. I wanted to call in, but did not want my name to be used on air. It seemed like the show host used personal names instead of just referring to them as a caller.”					

* Data is based on feedback from 5 respondents

TABLE C illustrates the quantitative results for the second radio show:

<i>Let's Talk Health – Mental Health</i>				
Did the phone-in session meet your expectations?				
<i>Fair = 1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Excellent = 5</i>
Definitions and Myths Content		3.78		
Causes and Types Content		3.56		
Resources Content		3.78		
Overall		3.50		
*Numbers are based on average scores				
Overall, how would you rate the subject matter of the session?				
<i>Not very = 1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Very = 5</i>
Relevant			4.20	
Interesting			4.00	
Practical			4.00	
What were the most useful points of information/discussion?				
“Mental illness is #2 population within hospital.” “You are not alone.” “Numbers to call for further information.” “Sooner diagnosis better outcome therefore act soon – important to know.” “Recognizing you do have a problem.” “Resources”				
Were there any points of information/discussion missing? Other comments:				
“Review call-in process – too long a wait.” “Voices clear, easy to understand speaker and interviewer congratulations.” “Great that you kept repeating info.” “More on clinical depression and seasonal depression.” “More in-depth on different illnesses.” “Lots of referral to information sites and phone numbers, but questions weren’t answered fully; perhaps by time restrictions.” “Would have been better with more call-ins. However, lack of calls due to sensitive subject matter – callers afraid of phoning.” “It is important to include the Brome-Mississquoi area resource centres.”				

* Data is based on feedback from 10 respondents

IX: NARRATIVE DATA GATHERED ON PILOT RE-BROADCAST ON LOWER NORTH SHORE

A partnership directly with CJAS resulted in the pilot of the re-broadcast of *Let's Talk Dependencies* on the Lower North Shore to an estimated 175 homes and businesses. This was not an expected outcome of the program and serves as an additional result.

According to the station Manager of CJAS, 22 calls were received post-show. Comments included: great idea to do this, touches on other areas, liked the convenience of listening from home, some parents had their children listen with them, and in general, the hope that this program continues.

It was also revealed that the topic fit with an earlier news segment about the choking game, a related addictive type of activity practiced by children and that is little talked about until it is too late. It was determined that this subject would be of interest to the community for future follow-up.

Overall, according to the CJAS Station Manager, there is much interest in future radio broadcasts of health and social topics on the Lower North Shore because this mode of delivery focuses on isolated communities, giving them greater access to English information.

X. NARRATIVE OF DATA COLLECTED IN MEASURING COMMUNITY CAPACITY

Questions were asked via telephone interview, group interview and one-on-one interview with key stakeholders. They focussed on lessons learned (See Section XII) and in the case of the pilot re-broadcast, how the community received the show.

Feedback revealed that although the listening audience was not large, community radio broadcasting is an accessible way to spread information on health and social topics. In this way, it is a great model to use for reaching the outer-lying communities. It has the potential to reach a wide audience both through radio and online web cast, making health and social information more accessible.

Additionally, the re-broadcast of the first show was well received and now the second radio show is being requested. Moreover, there is much interest in re-broadcasting other radio programming of health and social topics; both CJMQ and CJAS have expressed an interest in an ongoing radio show of this nature.

XI. CONDENSED NARRATIVE SUMMARY OF RESULTS

In total, 2 community radio talk shows were held in one administrative region involving 1500 participants. Eight community clusters were established involving 41 participants. Of those participants who completed the online survey, 75% confirmed that the subject matter and content met their expectations, was relevant, interesting and practical and that the program generally served as an effective delivery of health information.

Test results were verified in one region, piloted in another region and further validated as an effective model as a follow-up activity in the distance community support program.

XII. LESSONS LEARNED AND RECOMMENDATIONS FOR FUTURE IMPLEMENTATION

Community Capacity - A Viable Way to Disseminate Health Information

Generally this is a good model to follow given the condensed timeline for the project. Broadcasting on a regular basis would potentially create a steady listenership.

Community Clusters

More planning time is needed to form and follow-up with community clusters and in order to establish more and bigger clusters. An idea is to advertise the clusters, encouraging and supporting those community organizations involved, and then provide a closer follow-up with cluster facilitators. This might also ensure more participation in the evaluation process and the return of completed evaluations.

Evaluation

The evaluation process for radio can be a challenge given that it can be difficult to motivate listeners to give their feedback. Therefore, the evaluation component needs to be rethought. It is suggested to have one enticing prize such as a weekend away for two. Another idea is to install a pop-up screen on the website so that when people listen to the web cast, a survey automatically pops up and can be readily completed.

Partnership

It was suggested that partnerships for future radio programming be directly with the radio stations. This worked well with the re-broadcast on the Lower North Shore, so needs to be considered for the future.

Thank you....

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

- AMI Quebec
- Avante Women's Centre
- Big Picture Project
- Black Cat Books
- Centre Jean-Patrice Chiasson
- COASTERS Association
- Connections for Mental Health
- CFTH Radio (Harrington Harbour)
- CFTS Radio (Blanc Sablon)
- CJAD 940 Radio and Charles Pitts of *The Health Guide*
- CJAS Radio (St. Augustine)
- CJMQ Radio (Lennoxville)
- Donating sponsors: Black Cat Books, Bishop University Sports Center, Myrna Lowry MacDonald, Massage Therapist
- Lennoxville Vocational Education Center
- MCDC
- McGill University Health Centre
- McGill University Training and Human Resources Development Project
- Mental Health Estrie
- Qu'anglo Communications & Consulting
- Townshippers' Association

APPENDIX A: Townshippers' Association's Press Release for Community Radio Project

Let's Talk Health!

Radio Broadcast Project

A joint initiative between the CHSSN (Community Health and Social Services Network), McGill University and Townshippers' Association

**By Valerie Bridger, Assistant Executive Director,
Townshippers' Association**

This is a pilot project exploring the use of community radio as a distribution channel for health and social services information. *Let's talk Health!* are two radio talk shows devoted to health issues featuring a public health expert. Listeners will be encouraged to call in with questions on the particular show's topic. On February 27, the topic will be *Dependencies*, and on March 13 we will discuss *Mental Health*. The shows will be broadcast live on CJMQ 88.9 FM in Lennoxville from 1 to 2 p.m. You can also listen live online at www.cjmq.fm (a high-speed connection is required). The show may also be re-broadcast at a later date on CJAS from St. Augustine on the Lower North Shore.

APPENDIX B: Feasibility Plan for Re-broadcast of Both Radio Shows

CHSSN *Let's Talk Health!* Radio Programming March 31, 2007 Feasibility of Re-broadcast to the Lower North Shore by Hugh Maynard

Background

Following the successful broadcast of the two “Let’s Talk Health” programs via CJMQ-FM in February and March 2007, the next step is to examine how this material might be further used to increase widespread public access to pertinent English language health and social service information. This is to be carried out by making the recorded material from the two Eastern Townships programs available for re-broadcast via the community radio stations of the Lower North Shore (LNS), firstly by CJAS-FM in St-Augustine, and then later by CFBS in Blanc Sablon and CFTH in Harrington Harbour. The purpose is to determine how adaptable the programming material is to other broadcast situations given that the original programs were broadcast live and with a phone-in component.

The 14 communities of the LNS are geographically isolated along 600kms of coastline between Sept-Isles and the Labrador border. Without road connection, these communities rely on airplanes, ferries and snowmobiles in winter for transportation; communications are difficult with no cellular or high-speed Internet services. Access to pertinent information is therefore extremely important (these communities are regular participants in the Telehealth series by videoconference) and the three regional community radio stations present an effective means for the delivery of such information. In this context, they were chosen to test out the usefulness of the re-broadcast of the “Let’s Talk Health” programs in adapted format.

Feasibility Plan

Initial discussions have been held with CJAS to talk about how the program might be presented to the local community. The first step was to edit the original broadcasts to remove references to the toll-free call-in number available for the Townships’ broadcasts, as well as other non-essential information such as local service references, etc.

Even though CJAS only has one telephone line (making a call-in segment impractical) it was also ascertained that individuals would be unlikely to call-in on health matters given the small size of the community (<1,000) and the fact that everyone knows everyone else. Therefore, three options will be assessed:

- a) A representative of the local CLSC will be in the CJAS studio to offer comments and additional information to the original program (utilizing the in-studio headphones purchased via the project);
- b) The original presenter will be connected via phone to provide supplemental information to the original broadcast, and to respond to any questions that can be forwarded by e-mail;
- c) A ‘cluster’ of health and social service personnel and interested community members will be organized at the CLSC to listen to the re-broadcast and hold a post-program learning circle, as well forward questions via e-mail to the station for response by the local representative or the original presenter.

The re-broadcast will take place in spring 2007 and the format will have an online evaluation component in order to be able to make adjustments for repeating the re-broadcasts in Blanc Sablon and Harrington Harbour.

APPENDIX C: Promotional Tools for Re-broadcast of First Radio Show on the Lower North Shore



CJAS RADIO 93.5 in
collaboration with **CJMQ @**
Bishops University and **CH**
Health Program and **McGill**
University



Bring an addiction segment on **GAMBLING**, **DRUGS** and **ALCOHOL**
Awareness, signs, help..... **resources** to assist you and your loved ones.

The Gambling, Drugs & Alcohol segment will be aired on CJAS 93.5 Tuesday evening, following the CJAS Evening NEWS roll-up.

Please call us @ 947-2239 or 2790 with your comments, as well if there is a topic which you would like to hear more information on. Thank you, by working together we will become and remain a Healthy Community.



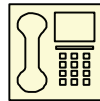
**TUNE IN TO CJAS RADIO 93.5 FM ON TUESDAY EVENING FOLLOWING THE CJAS
NEWS ROLLUP FOR THE HEALTH PROGRAM**

THIS HEALTH SEGMENT IS ON ADDICTION; **ALCOHOL, DRUG, AND GAMBLING.**

THE SEGMENT IS APPROXIMATELY 1 HOUR IN LENGTH, **1 HOUR** COULD SAVE YOUR
LIFE AND YOUR FAMILY.

THE HEALTH PROGRAM IS BROUGHT TO YOU BY CJAS RADIO ST AUGUSTINE, CJMQ
BISHOPS IN LENNOXVILLE, CH HEALTH PROGRAM AND MCGILL UNIVERSITY.

Any comments can be made to CJAS Radio



947-2239 or 2790, thank you



APPENDIX D: Post-show survey**Let's Talk Health! - Dependencies**[Exit this survey >>](#)**1. Listener evaluation****1. Did the Phone-in session meet your expectations?**

Poor

Fair

Good

Very Good

Excellent

N/A

Gambling
contentDrugs and
alcohol
contentResources
content

Overall

**2. What were the most useful points of information/discussion? Please explain:**

3. Were there any points of information/discussion missing? Please explain:

4. Overall, how would you rate the subject matter of the session?

Not at all Not very Somewhat Mostly Very

Relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. It would help us in planning future sessions to know more about you. Please help us by answering the following questions; are you:

- ☐ Male
- ☐ Female

6. Your age group:

- ☐ Under 20 years
- ☐ Under 40 years
- ☐ Under 60 years
- ☐ Over 60 years

7. Your interest in the topic of dependencies (you may select more than one):

- ☐ I'm a person directly affected by this topic
- ☐ I'm a family member/friend of someone affected by this topic
- ☐ I'm a health care provider
- ☐ Other (please specify)

8. Other comments:

9. Thank you for your help in responding to this questionnaire. If you would like to enter your name in a draw for either:

- one of four day passes to the Bishop's University Sports Centre (pool, gym, etc.); or**
- a one-hour massage from certified massage therapist Myrna MacDonald Lowry, either in Cookshire or at your residence/work place.**

Please enter your name and telephone number below (all information will be kept confidential):

Name

Tel

Done >>