



**LIVE WELL PEI**  
together we can



# EVALUATION OF PHASE 1 LIVE WELL PEI WEBSITE

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# EXECUTIVE SUMMARY

## INTRODUCTION

The Health Promotion Unit of PEI's Chief Public Health Office is committed to empowering PEI communities to increase control over and improve their health. Live Well PEI is the official brand and voice of the Health Promotion Unit. In July 2023, the first iteration of the Live Well PEI website (Phase 1; [www.livewellpei.ca](http://www.livewellpei.ca)) was launched as a source of information and resources for community groups and organizations on how to promote the health of the populations they serve. Populations with greater modifiable risk factors for chronic disease were considered priority populations for the website.

As part of the website development process, an evaluation was conducted to gather user feedback on its relevance and usability and to identify potential areas for improvement.

## METHODOLOGY

Nine focus groups and interviews were conducted with 34 people between October 2023 and January 2024. Two were conducted with priority populations, three with community leaders, two with Project Committee members, and two with Health Promotion staff.

Thematic qualitative analysis was used to code and analyze the focus group and interview findings to identify recurring patterns and themes within the data.

## CHALLENGES

One challenge experienced during the evaluation was recruitment for some focus groups. Another was maintaining participant adherence to the intended focus group/interview questions. Participants also varied in their understanding of health promotion as an upstream intervention and the role of community action, which in turn affected the feedback provided on the website. Feedback was also provided based on use of the website for both community and individuals, sometimes overlapping the two without clear differentiation.

## FINDINGS

Throughout the focus groups and interviews, participants discussed and provided feedback on the website design and format, specific website sections, general content, intended audience, inclusion, website promotion, what they learned, and how they will use the website.

Overall, participants expressed appreciation for the website's layout, structure, and content, as well as outlined several ways in which they will utilize the website to support their work – e.g., accessing research, writing proposals, exploring funding opportunities, etc. They saw the potential for the website to be a valuable health promotion resource that community leaders could use to advance the wellness of their communities.

Participants also shared some feedback on ways to enhance the website, including streamlining the content, improving the layout and navigation by adding more visuals and revising how information is presented, incorporating multimedia elements, clarifying the intended audience, increasing the scope of resources and research shared, refining the French website, increasing visibility through strategic promotion, and ensuring inclusive language, content, and visuals.

## **CONCLUSION**

In conclusion, findings from the evaluation focus groups and interviews provide valuable insights into the community and staff user experience with the Phase 1 Live Well PEI website. Moving forward, incorporating the feedback received will serve as a foundation for further enhancing the website's impact, ensuring it effectively serves its intended purpose of empowering communities and supporting community health promotion initiatives across PEI.

# 1. Introduction

Health is a complex interplay between societal, environmental, economic, and behavioral factors collectively contributing to an individual's well-being (Olvera Alvarez et al., 2018). The Prince Edward Island Chief Public Health Office's (CPHO) mission is to promote and protect the health of Islanders and prevent disease and injury (PEI CPHO, 2021). Four chronic disease clusters, cancer, cardiovascular disease, chronic obstructive pulmonary disease, and diabetes, account for over 70% of PEI's disease burden. These chronic diseases are closely associated with four modifiable behavioral risk factors: poor diet, lack of physical activity, tobacco use, and excessive alcohol consumption (PEI CPHO, 2021).

The Health Promotion Unit of PEI's CPHO is committed to empowering communities to increase control over and improve their health. Live Well PEI is the official brand and voice of the Health Promotion Unit. The first version of a Live Well PEI website (Phase 1; [www.livewellpei.ca](http://www.livewellpei.ca)) was designed to provide educational resources and be a source of research, evidence, and information for communities to optimize their health. This includes sharing information about health promotion, the work the Health Promotion team is leading, and resources and tools to help advance health promotion actions – e.g., smoking cessation and vaping information, grant information, general prevention messages, etc.

The primary target users of this website are community group and organization leaders, staff, or volunteers interested in advancing the wellness of their communities. Populations with greater modifiable risk factors for chronic disease (e.g., those with low income, without a high school diploma, from the West Prince region of PEI, unemployed, males, and young adults) were considered priority populations for the website. Additionally, within the priority populations are marginalized and equity deserving groups (e.g., immigrants, Indigenous individuals, racialized people, those with disabilities, and 2SLGBTQ+ people) who have more significant modifiable risk factors for chronic disease.

Phase 1 of the Live Well PEI website was launched in July 2023, and an evaluation was conducted to gather user feedback on its acceptability and relevance and to identify potential areas for improvement. There have been some technical limitations related to updating the website and uploading content such as images; plans are underway for technical fixes. The information gathered is intended to support a broader redesign of the website, with the goal of it serving as a health promotion hub, for people working in health promotion to come together to learn and engage with government and other community organizations on health promotion.

## 2. Methodology

### 2.1 APPROACH:

The website evaluation took place between October 2023 and January 2024, during which time nine focus groups and interviews were conducted. Two were conducted with priority populations, three with community leaders, two with Project Committee members, and two with Health Promotion staff. Eight

were conducted in English and one in French (community leaders). PEI Research Ethics Board approval was received for the project.

Participants were recruited through community groups and organizations and through networks of Project Committee members. A total of 53 individuals were recruited and ultimately 34 individuals participated in a focus group/interview. All participants signed a consent form. A demographic survey was distributed to participants upon completion of the focus group/interview. Where appropriate, those contributing voluntarily without any form of compensation were provided with an honorarium for their time and travel expenses.

## 2.2 DEMOGRAPHICS:

Participants were predominantly from the Prince and Queens regions of PEI and had a moderate to strong sense of community belonging; a range of ages were represented.

Two of the focus groups were held with individuals who identified as members of priority populations. Members of one focus group identified mostly as East/South-east Asian and not born in Canada. The other focus group had a more varied composition, and participants were also affiliated with community groups and organizations.

The focus groups/interviews with representatives of community groups/organizations and Project Committee members tended to mainly involve individuals who identified as employed, white, born in Canada, and education above a high school diploma. The organizations that the community participants represented worked with many of the identified priority populations.

## 2.3 DISCUSSION QUESTIONS:

The questions explored during the focus groups and interviews included the following:

- What are your/your organization's thoughts on the website design and organization - e.g., how it looks, how it's organized, font size, ease of navigation, reflection of diversity etc.?
- How did the information presented change or improve your knowledge about health promotion - e.g., about the different risk factors, programs available, tools or resources, actions being taken in other communities?
- What on the website do you/your organization find particularly helpful and how is it helpful - e.g., what would you use in your work, what you would recommend to someone else, etc.?
- Do you have any suggestions to improve the website?
- What other types of information or online tools/resources on this website would be helpful to your organization to support community action to promote health and prevent tobacco use, improve healthy eating, physical activity, and excessive alcohol use?
- How do you see your organization using this website - e.g., to apply for grants, to look for information?

Question structure was adapted to suit the perspective of the focus group/interview participants. The focus group held in French also included a question seeking input on the French version of the website.



## **2.4 ANALYSIS:**

Thematic qualitative analysis was used to code and analyze the focus group and interview findings to identify recurring patterns and themes within the data. In recognition of small numbers of participants for some groups, findings from the two Project Committee sessions were consolidated, as well as from the two Health Promotion staff discussions.

# **3. Challenges**

One challenge experienced during the evaluation was recruiting participants for the priority population and French community leader focus groups. The French focus group was delayed due to low numbers, leading to the need for a second round of recruitment. In addition, community partners were enlisted to help promote the evaluation and recruit potential participants for the French and priority population focus groups. Ultimately a good cross section of participants and voices were heard and there was repetition in main themes by the end of the focus groups/interviews.

Another challenge was maintaining participant adherence to the intended focus group/interview questions, resulting in limitations in gathering comprehensive information around certain topics. For example, when participants were asked what they found helpful about the website or what they learned from it, the discussion quickly shifted away from these questions towards offering suggestions to enhance the website. For this reason, the focus group/interview questions will not be used as a framework to present the evaluation findings, but rather key themes that emerged from the conversations.

There was also variation among participants in understanding of health promotion as an upstream intervention and the role of community which may have impacted the relevance of input provided. Further as noted in the findings, there was feedback provided on the website both for community and individual use. Many suggestions were not clearly identified as to whether they would be for community or individual use.

# **4. Findings**

Throughout the focus groups and interviews, participants discussed and provided feedback on the website design and format, specific website sections, general content, intended audience, inclusion, website promotion, what they learned, and how they will use the website.

## **4.1 INTENDED AUDIENCE:**

In each of the focus groups/interviews, participants were informed of the purpose and audience of the website. They learned that the website's primary target audience is community leaders, with the objective to assist them in accessing information and tools to promote health and prevent illness and create supportive environments that facilitate healthy decision-making. They were also informed that



the primary focus of health promotion is disease prevention, and that the website does not include information on frontline healthcare service delivery.

Despite this explanation, many community focus group participants found it difficult to grasp that the website is solely intended for community leaders and not the public. Some factors that some participants identified that led to them perceiving the website as more focused on individual behaviour change and use by the public include the following:

- Some of the wording used on the website, such as “Live Well”, “Eat Well” or “Breathe Well”, seem to be geared towards aiding individuals in modifying their own behaviours.
- Some of the social media messages from Live Well PEI appear to focus on helping individuals make behavior change.
- There is no clear statement on the main page of the website that clearly indicates its purpose.

*E.g. I think the like biggest thing ... it's just not clear who the website's for on the home page like. Is it for organizations, [with] resources, or individuals?; I'm still struggling with it being for community leaders who are working with individuals, it's still focused on your personal health and what you can do to help people in your sphere, ... and so if my area, which is really trying to look at change or ... create policy, how do you influence it?... I would want to know what are the cluster of things that are happening in PEI around addressing individual health or what are the things that are happening around inclusion, which are really more policy based.*

Due to this perspective, a significant number of recommendations for improvement made by community focus group participants focused on improving the website for more individual use. Depending on how the website evolves, participants noted the importance of ensuring it meets the needs of all intended audiences, with the suggestion of incorporating separate pathways for community leaders and the public, each containing information relevant to the respective audience. For instance, a quote from the community user lens:

*it feels like it takes a longer time to get to the data, to the success stories, to the specifics that people might want, and so I just wonder if it's possible to highlight those a bit more ... if I'm a municipal leader and I go to this site, right away I want to know how is this going to help me? And I'm probably - not because the text isn't good - but I'm probably not going to have unfortunately the time to read a lot of it, so it might be ...whether the first thing that people see is: How can this site help you?*

And a quote from the individual behaviour change lens: “If we could have a site that is specific to the well being of a person, that could be useful, the information is good. If it just could be simplified.”

It was also noted that the Health Promotion Unit has a role in promoting guidance around health behaviors and that the website link is being provided as part of several health promotion campaigns which are not targeted at community leaders or organizations, but specific populations– e.g., the “Take a breath” campaign targeted at individuals who want to quit smoking. Therefore, general public are expected to visit the site also.

## 4.2 WEBSITE DESIGN AND FORMAT:

### 4.2.1 Layout:

The layout was discussed in all of the focus groups. Many participants provided positive feedback on the website's general layout, noting it serves as an excellent first step. Among the positive aspects noted are the effective structure of the website, the well-organized categories, the user-friendly menu bars, and the clean and consistent design. The overarching suggestions to improve the layout provided by those who took part in the community leader, priority population and Project Committee focus groups/interviews included the following:

- Adjust the size and color of main elements like images and icons.
- Add more visuals like images and videos.
- On the homepage, reduce the size of the main photo and increase the size of the five priority area icons (Breathe Well, Choose Well, Eat Well, Feel Well, Move Well).
- Simplify how the information is presented – e.g., use bullet lists, dropdown menus, etc.
- Consider placement of links – e.g., put them at the bottom of the page rather than the side.

### 4.2.2 Navigation:

Participants in all focus groups/interviews discussed their experience navigating the website. Several participants feel the website is easy to navigate, noting it is well organized, has a good navigation menu, and provides multiple ways to access information. Others feel it is less intuitive, noting they had difficulties identifying where to click to access information, had to navigate through multiple pages to find the information they were looking for, and had difficulties returning to the website after clicking on an external link.

Some suggestions they put forth to improve site navigation include the following:

- Consider how to assist people in getting to the information they need in as few clicks as possible (reducing the numbers of clicks from current) – e.g., include more hyperlinks to provide direct connections to related content and have an index of “I’m looking for support in...” divided by topic.
- Make it clear on the homepage who the target audience is and how the information is organized on the website to help users better understand how to navigate the site and how information is categorized and presented.
- Make it clear where links exist and what information they lead to. Suggestions included incorporating descriptive link labels so users have a better idea of what content they will find on the linked page, as well as clearly indicating that the risk factor icons on the home page serve as links and provide accompanying explanations related to the icons to assist users in navigating effectively.
- Reconsider some of the headings used to better support navigation - e.g., under “Our Work” participants did not anticipate information on the five priority risk factors, but rather on what government is working on and has accomplished.

### 4.2.3 Visuals:

In all focus groups/interviews, participants commented on the visuals used on the website. They noted that there are several pictures on the homepage but very few on the other webpages. Some participants

like the pictures used on the homepage, noting they depict traditional iconic PEI images and show some diversity in age and ethnicity. Others feel the main picture on the homepage of the farmer and child does not accurately reflect the current population and culture of PEI and that the pictures across the website in general do not include enough diversity. Some participants also noted that many of the images and graphics are poor quality, distorted and not colorful enough.

Participants suggested adding more high-quality images and graphics across the website to enhance its visual appeal, foster user connection to the content, and boost user engagement. They would also like to see a variety of diverse and inclusive images and graphics to ensure that all Islanders feel represented.

#### **4.2.4 Volume of Text and Information:**

Community leader, priority population and project committee participants commented on the amount of text on the webpages. They feel the webpages are very text heavy, which can be overwhelming for users. E.g. “each tab, it's just all text, like I know like having the drop-down menus or titles kind of reduced the amount, but even then, there's still a lot to read through.” To address this issue, they suggested breaking up the text into smaller snippets, incorporating more images and graphics, and adding in video and sound.

A small number of participants also commented on the volume and depth of information shared, questioning the need for such levels of detail. They suggested streamlining some of the content and emphasizing key points to make the information more concise and easier to digest. The comfort level of the target audience with statistics should also be considered.

#### **4.2.5 Interactive Tools:**

Participants in all focus groups were asked about ways to make the website more engaging and interactive. Suggestions included adding multimedia elements like short videos, dynamic training. During one of the priority population and one of the project committee focus groups, participants also discussed creating a directory of healthy living programs, services and supports, that community leaders can utilize to enhance their efforts in supporting the community, as well as to connect individuals with available programs and services. 211 was identified as providing some services in this area although focus may be more urgent services than health promotion.

#### **4.2.6 Language:**

Participants in almost all of the focus groups/interviews discussed the language used on the website, pointing out that it is overly complex and needs to be simplified to make it more accessible for the average user. Some inconsistencies in content and writing style (which they attribute to different contributors), an overly academic reading level, and occasional grammar issues like run-on sentences and improper capitalization were also identified. An example provided by Project Committee members was the “Engage with Us” section on the homepage. It includes the tagline “Let us know how we can help to support you and your community”, which is written in formal language. They suggested rephrasing it to a more casual style such as “Questions, comments, suggestions – we would love to hear from you.”

If the website is intended for use by the public, it was identified that simplified and accessible language becomes even more critical.

#### **4.2.7 Formats on Different Devices:**

In five focus groups/interviews, including the Health Promotion staff focus group/interview, participants spoke about how the website appears on different devices. Some participants find the mobile version of the website to be more visually appealing and less overwhelming than its desktop counterpart. This prompted a discussion about the importance of using a responsive design approach when developing/enhancing the website to ensure a consistent and effective display across all devices.

#### **4.2.8 Font:**

In two separate focus groups (one priority population and one community leader), a few participants commented on the font used throughout the website. Individuals in one focus group/interview like the color, brightness, and size of the font, while some in the other felt the font size is too small.

### **4.3 SPECIFIC WEBSITE SECTIONS:**

#### **4.3.1 Five Priority Areas:**

Several participants from among the priority population, project committee and community groups commented on the concept of the five priority areas. There was appreciation for the similarity in format across the different areas and some suggestions for improvement, including:

- Condense some of the content.
- Incorporate more images of individuals showcasing healthy behaviours and lifestyles under each priority section.
- Use more positive language that encourages healthy habits and highlights the benefits of such practices.

Participants from one of the priority population and the Project Committee focus groups also felt the names of certain priority sections did not clearly align with their intended focus. For instance, they did not connect “Choose Well” with alcohol use or “Breathe Well” with tobacco use. Additionally, some priority population focus group participants feel these names reflect more an individual focus, whereas the stated primary audience for the website is community.

#### **4.3.2 Resources:**

Participants from almost all focus groups/interviews discussed the resources provided on the website and the resource section. Most feel the website has made a good start in providing access to reliable data, research, tools, and resources that can be used by community leaders to support funding proposals, policy development, program design, client education, etc. However, they did provide some suggestions for improvement, including the following:

- Populate the website and resource section with tools, resources, research, and reports beyond those created by/linked to the Chief Public Health Office.

- Add more detailed link labels to the resources, tools, and research reports so that users have a clearer understanding of the content they will find on the linked page.
- List the research and resource publications in alphabetical order.
- Update the research and resource publications (those posted are at least 2 years old).
- Reduce the number clicks required to access resources and reports.
- Rethink the headings used in the “Resources” section of the website. One suggestion is to change the “Research and Reports” heading to “Research and Policy”. Another is to rethink using the term “Resources” in the “Tools and Resources” heading, as this term can mean different things to different people. A recommendation was made to reevaluate this labeling or integrate a dropdown menu to help users select the most suitable resources for their needs – e.g., for families, for communities, for researchers.

#### **4.3.3 Funding Opportunities:**

Participants from the focus group with priority populations, community leaders and the project committee members commented on how important and informative the funding opportunities section is. E.g. “I liked how I could go see the list of where I could see the grants. Like me I look for the money to organize my own events.” Most also indicated it was well-structured and user-friendly with a few also noting it is a bit text heavy and requires too many clicks to access content. Suggestions made by participants to enhance this section include the following:

- Streamline the Wellness Grant information, eliminating redundancies.
- Place key details like current funding availability, application procedures and deadlines at the top of the webpage for ease of access.
- Clearly define Wellness Grant eligibility criteria - e.g., would businesses be eligible for a program offered to their staff.
- Clearly outline permissible uses of Wellness Grant funds - e.g., would staff wages to do a jurisdictional scan to support healthy public policy be a permissible expense.
- For other funding opportunities listed, include their status (if currently open/closed).

#### **4.3.4 Featured Stories:**

In some of the Project Committee and community leader focus groups/interviews, a few participants expressed their appreciation for the “Featured Stories” section of the website. Project Committee participants offered some valuable insights for enhancement. They recommended including a keyword sorting feature to improve search capabilities, a filter for stories that were funded through Wellness Grants, incorporating videos for a more dynamic storytelling experience, and broadening the content to encompass diverse health promotion initiatives occurring across the Island that extend beyond funded Wellness Grant projects.

#### **4.3.5 Share Your Stories:**

In more than half of the focus groups/interviews, participants expressed their appreciation for the share your stories section, with some believing it has the potential to facilitate communication and collaboration amongst community groups and organizations. Participants raised several factors to consider regarding this section, including the likelihood of individuals opting to use this feature to share their stories, the technical challenges linked to uploading stories to the website, and the uncertainties

surrounding how stories would be managed after they are published on the website. Additionally, participants highlighted the importance of maintaining a consistent format for sharing and presenting stories to ensure coherence and readability.

## 4.4 GENERAL CONTENT:

Overall, focus group/interview participants feel the website contains some good research, information, resources, services, and programs, but suggested expansion in the type and sources of content to meet their own needs or in anticipation of the needs of others. The main recommendations are:

- Expand the scope of information to include:
  - Resources, programs, and information beyond Chief Public Health Office sources.
  - Reputable research, resources, tools, and promising practices from sources beyond PEI – e.g., Atlantic Summer Institute’s policy brief on upstream investment.
  - More resources on how organizations and businesses can build supportive environments for making healthy choices – e.g., businesses hosting walking challenges, etc.
  - Highlights of what government, partnerships, and community are doing.
  - Information on other health promotion and disease prevention topics/issues – e.g., “rest well” on sleep, information on cannabis and opioids, sexual health such as sexually transmitted and blood-borne infections, cervical cancer, etc.
  - Data and stories related to specific populations – e.g., BIPOC community, 2SLGBTQIA+ community, etc.
  - Information designed for specific communities, contexts, and cultures – e.g., resources on alcohol consumption for young men, dietary guidance for Indigenous communities, etc.
- Consider alternative ways of organizing information on the website (e.g., using the Ottawa Charter or the Social Determinants of Health wheel; reconsidering the use of “healthy people,” “healthy community,” and “healthy society” categories on the risk factor pages to organize the content, as it may not be widely understood by the community).
- Allowing information to be sorted by age groups, demographics, or other factors.
- Incorporate a rolling menu of health promotion highlights that change week to week – e.g., tobacco prevention, get more active, etc.
- Provide more information about services and programs available to the public and associated resources – e.g., the Mental Health Helping Tree and information for individuals on how to change their behaviours, e.g. how I can eat healthier or how can I quit smoking.
- Regularly update the website content.

## 4.5 INCLUSIVITY:

### 4.5.1 Gender, Diversity and Equity:

In the priority population, Project Committee and Health Promotion focus groups, participants emphasized the need to incorporate gender, diversity, and equity perspectives in the website design to ensure inclusivity. This could include incorporating diverse imagery, inclusive language, diverse perspectives, data on populations, etc. It is essential for users to feel their culture, gender and identity

are accurately reflected on the website. Also, to support engagement of different communities, the inclusion of targeted toolkits and resources were recommended that could be utilized by organizations serving those communities (e.g. in different languages or information on risk factors related to specific populations). Another opportunity identified was to include stories reflecting community action with specific populations. They also wanted to ensure that people were enabled to reach out and suggest any content they think might be missing. Some challenges/limitations were also identified: it was recognized that the website will not meet the needs of all populations and other interventions would be needed; and that data may not be available for specific populations.

#### **4.5.2 Indigenous Culture Lens:**

Participants in some of the focus group discussions with priority populations, community leader and the Project Committee members, noted the importance of using an Indigenous paradigm, such as the Medicine Wheel, in the website design process to ensure cultural relevance and appropriateness to Indigenous communities. This approach becomes even more essential given the heightened marginalization and susceptibility to chronic diseases faced by Indigenous communities. By embracing an Indigenous framework like the Medicine Wheel in the website design, it becomes possible to establish a digital platform that authentically reflects their cultural background and caters to their distinct healthcare requirements. Additionally, it was suggested that Indigenous communities be involved in reviewing any culturally inclusive content prior to the website's launch to ensure it is accurate and respectful.

#### **4.5.3 French Language Version:**

Participants from the Francophone community leader and Health Promotion staff focus groups provided input on the current French version of the website provided through Google Translate. The Francophone community leaders indicated that the text was relatively well translated, although they noted some inaccuracies as well as the following limitations linked to Google Translate :

- Links to documents and resources on the French website do not direct users to their corresponding French versions, even if available, thus requiring users to navigate through additional English webpages to locate them. This includes links to resources hosted on the Live Well PEI website, as well as external resources linked to the website. If a document is only available in English, users need to be informed by including the heading “En anglaise seulement”.
- It does not translate links, imbedded icons/logos, and images (e.g., Eat Well, Choose Well, Live Well PEI, etc.). These are currently in English on the French website.

In addition, there were challenges in accessing the French website. When [mieuxvivreipe.ca](http://mieuxvivreipe.ca) is typed into a search, the English version of the webpage is populated. When Mieux Vivre IPE, (Live Well PEI in French) is inputted into the Google search engine, it did not locate the website. To make it easier to find the French website, the French translation of Live Well PEI needs to be recognized by search engines. Also, the current French link directs users to the English website where they must navigate the homepage to access the French version - It is also important to ensure that the French URL goes directly to a French page.



There was an expectation by the Francophone community leaders that government translation services would be utilized, similar to other government webpages. Translation processes will be reviewed going forward, which includes examining the ongoing use of Google Translate.

#### **4.5.4 Linguistic Diversity:**

A few participants from priority, community and Project Committee focus groups suggested having some aspects of the website available in different languages to support newcomers – e.g., fact sheets, tool kits, etc. Additionally, through the demographic survey, approximately one third of focus group/interview participants indicated that they would moderately to strongly benefit from the website being translated into a language other than English or French, with Tagalog being the most frequently suggested additional language.

### **4.6 PROMOTING THE WEBSITE:**

Participants representing all the different audiences that were engaged highlighted the importance of promoting the website and the key role of leveraging social media platforms like Facebook and Instagram to boost the website’s visibility and engage community organizations. Recommendations included a direct website link, key highlights, and appropriate tags in social media posts to draw users and increase website traffic. One idea put forward was to hire a social media specialist to handle the creation, curation, and management of social media content.

Another suggestion was to include a link to the Live Well PEI website on the Health PEI website. This could help drive more traffic to the Live Well PEI site due to the higher visitor volume on the Health PEI website.

### **4.7 WEBSITE USE:**

During priority population and community leader focus groups, participants noted they gained some valuable insights and knowledge from the website. This included learning about the five priority areas, some strategies to enhance their health, details about the wellness grant, various community initiatives taking place across the Island, and different research reports and resources available. Additionally, some participants noted they learned about the Health Promotion Unit and gained a deeper understanding of their work.

Ways in which these focus group participants indicated they have used or will use the website in their work and community include the following:

- Exploring funding opportunities.
- Accessing reliable research, reports, resources, tools, and information to support proposal writing, policy work, funding/grant applications, developing programs, informing presentations, etc. E.g. “Personally, one of the things that I thought I would use it most for was if I were writing a proposal and it's a place to find facts or evidence to include in my proposal.”
- Connecting clients to valuable resources, up-to-date information and community programs that promote overall wellbeing and help foster healthy living habits.
- Sharing their story.

## 4.8 WEBSITE MANAGEMENT:

In addition to resolving outstanding technical issues, additional support for website management was also suggested, such as bringing on a content editor. This would include updating content, rotating images, posting community submissions, adding new content, refreshing existing content, etc.

# 5. Conclusion

In conclusion, findings from the evaluation focus groups and interviews provide valuable insights into the community and staff user experience with the Phase 1 Live Well PEI website. Feedback encompassed various facets including website design, navigation, content, intended audience, inclusivity, promotional strategies, and implementation. Participants expressed appreciation for the website's layout, structure, and informational content, as well as outlined several ways in which they will utilize the website to support their work – e.g., accessing research, writing proposals, exploring funding opportunities, etc. They believe the website has the potential to be a valuable health promotion resource that community leaders could use to advance the wellness of their communities.

Participants also shared some feedback on ways to enhance the website, including streamlining the content, improving the layout, incorporating multimedia elements, refining the French website, increasing visibility through strategic promotion, and ensuring inclusive language, content, and visuals.

Moving forward, incorporating the feedback received from participants will help establish a foundation to build on further resources and enhance the website's impact in empowering communities and supporting community health initiatives across PEI

# Appendix A: Analysis Codes

The following codes and sub-codes were used to analyze and pull-out key themes from the focus group and interview findings.

## 1. Website Design and Format:

- Layout
  - Structure
  - Categories
  - Menu bars
  - Design
  - Images and colors
- Navigation
  - Navigation menu
  - Accessing internal and external information
  - Indexes to easily find information by topic, demographics, etc.
  - Directory of health living programs, services and supports available across PEI
- Visuals
  - Diversity of pictures and images
  - Representation of Island population and culture
  - Quantity of visuals
  - Quality of visuals
- Volume of Text and Information
  - Too much text per page
  - Depth and volume of information
- Interactive Tools
  - Add multimedia elements
- Language
  - Writing style and consistency
  - Writing level
- Formats on Different Devices
  - Website display on different formats
  - Responsive design
- Font
  - Font size and color

## 2. Specific website sections:

- Five Priority Areas
  - Content
  - Images
  - Priority section names and intended focus
  - Information on healthy living programs and services

- “Our Work” heading
- Resources
  - Populate with more research and resources
  - Restructure how resources are organized
  - Section headings
  - Update research and resources
- Funding Opportunities
  - Well organized
  - Content
- Featured Stories
  - Appreciation for this section
  - Keyword search feature
  - Broaden content
- Share Your Stories
  - Appreciation for this section
  - Potential to facilitate communication and collaboration with community groups
  - Usage engagement and technical concerns in utilizing this section
  - Consistent format

### **3. Intended Audience:**

- Perception of website audience
- Recommendations to enhance public usability

### **4. General Content:**

- Expand information, research and resources available on the website
- Include content on specific health issues, areas of interest, frameworks, and different communities and populations
- Increase community engagement opportunities
- Regularly update the website

### **5. Inclusivity:**

- Gender, Diversity and Equity
  - Imagery
  - Language
  - Culture
  - Information
- Indigenous Culture Lens
  - Indigenous paradigm to ensure cultural relevance
  - Indigenous engagement to ensure inclusive content
- French Language Version
  - Translation mechanism
  - Links to French documents
  - Search engine optimization for French translation of Live Well PEI

- Language selection on website landing page
- Linguistic Diversity
  - Multilingual support for newcomers
  - Website translation beyond English and French

## **6. Promoting the Website:**

- Social media integration to enhance visibility and engagement
- Cross promotion between Live Well PEI and Health PEI website

## **7. Website Use:**

- Learned about key health promotion topics and availability of information on the website
- Learned about the role of the Health Promotion Unit and their work
- Potential to establish a health hub
- Connecting clients to health promotion resources and programs
- Networking and collaboration
- Promotion of health initiatives
- Accessing research and resources to support work
- Exploring funding opportunities

## **8. Website Management:**

- Technical difficulties
- Ongoing management



# LIVE WELL PEI

*together we can*

