

SCAGO

MARKETING PLAN 21st July 2026

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Agenda for today

- Executive Summary
- Research & Methodolgy
- Analysis
- Reccomendations
- Implementation

Executive summary

Overview: SCAGO is Canada's largest Sickle cell disease charity by revenue (684k/YEAR, 2500+community ecosystem) with 86% program-spending ratio, beating major health charities. Despite its resources SCAGO has low brand awareness and limited donor pipeline in comparison to other better known health charities like Diabetes Canada, SickKids etc.

SCOPE OF WORK

Market and competitive analysis of the not-for-profit sector in Canada; primary research among SCAGO's members, volunteer ecosystem, and a general population sample; and a marketing plan to improve SCAGO's brand image, increase audience engagement, and improve fundraising messaging effectiveness.

AWARENESS

"I don't know someone directly impacted by it, so it's not something I think about often." 0 of 7 non-users had heard of SCAGO.

DISCOVERY

Social is the #1 discovery channel, but content isn't converting: 2.4 new followers/post vs. 43 for the category leader.

TRUST

"People connect with people first, before they connect with a cause." 90% of supporters give because of personal connection. This gap limits conversion of awareness into support. Objective is to build trust for SCAGO through its advocacy track record and increasing brand awareness at grassroots level by showcasing patient stories.

Research & Methodology

Our Hypothesis

Sickle cell awareness in Ontario is slow because the disease lives outside the lived experience of most Ontarians. People fund, advocate for and pay attention when they feel personally connected to the cause.

Research & Methodology

1. Survey Deployed (Quantitative, 10 respondents)

- Sent via SCAGO's SurveyMonkey to existing donors, volunteers, event participants
 - Measures brand perception, engagement habits, donation motivation at scale
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2. Interviews (Qualitative, 10 respondents)

- General-population non-users, open to donating/engaging
 - Semi-structured, open-ended captures depth outside SCAGO's network
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3. Challenges

- **Biases:** self-selection (respondents are existing supporters, not the general public), and a small sample (10+10) limiting generalizability
- **Deployment issues:** delayed SCAGO communication and low response volume were offset by extending the field window and adding qualitative interviews
- **Confidence Level:** Findings are directional, not statistically conclusive

Analysis

Primary and secondary research, SWOT,PESTEL

Confidence & limitations

Note: Two small samples: 10 engaged supporters (surveyed) and 10 unconnected non-users (interviewed) — each read alone is directional, not definitive. But the two independent audiences and the secondary research converge on the same pattern, which raises confidence in the conclusions.

Top findings from deployed survey + Industry reports

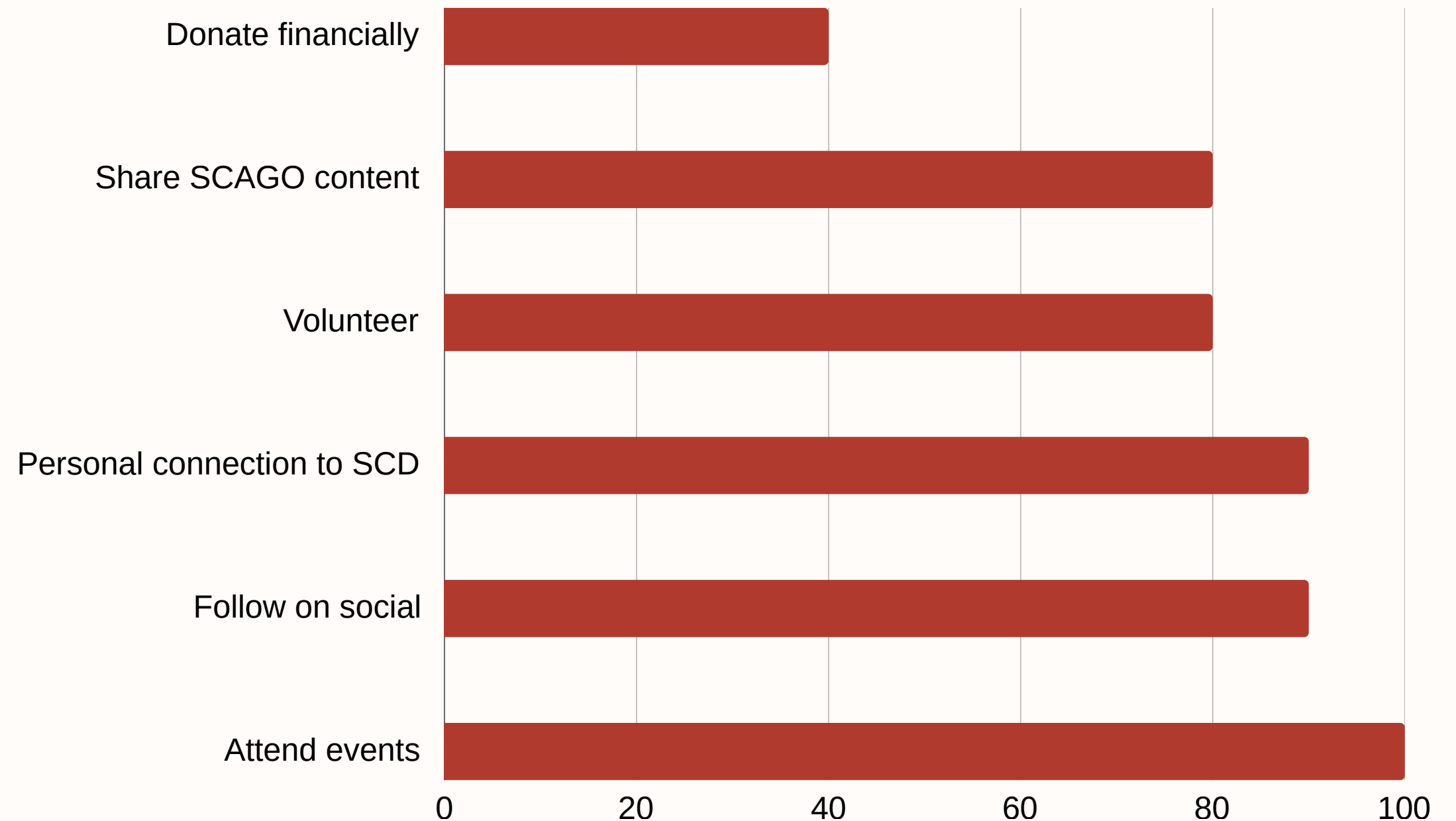
- **Supporters engage because of personal connection**
- **Supporters already see SCAGO as a category-defining voice**
- **Events and youth programming are the recognized differentiator**
- **The channel mix is broader than where supporters actually engage**
- **In general, Donor numbers are at a 20-year low**

Note: Data trends and critical findings are limited by the low sample for the survey,. The above findings are directional and supported by our secondary research Evidence and live-monitoring link for the survey is provided in the appendix.
Secondary Research Source: Donor Pulse 2025; CanadaHelps-The Giving Report 2026 (May 2026)

The funnel breaks at the donation for SCAGO

**40% donate vs. 70%
who fund other
charities.**

**The wallet exists, just
not for SCAGO yet.**



*Source: Donor Pulse 2025; CanadaHelps-The Giving Report 2026
Volunteer/Donor Survey Q4, Q10, Q14 (n = 10); Directional because of low sample*

Top 3 Findings from non user interviews

1. *"I don't know someone directly impacted by it, so it's not something I think about often."*
2. *"Primarily through social media, particularly Instagram."*
3. *"People connect with people first, before they connect with a cause."*

SWOT

High Credibility amongst the SCD community but low visibility in the outside world

- High trust but SCAGO is invisible outside the community: 0 of 7 non-users had heard of it
- Patient Stories are the biggest strength but not told where it is seen outside SCD community
- Over reliance on government grants
- No Signature Event for the people outside SCD community

PESTEL

Future Advocacy opportunity providing SCAGO a seat at the table that matters

Bill S-201, now in House committee, would mandate a national sickle cell framework and registry. SCDAC and researchers at The Ottawa Hospital have already begun building the foundation but the effort lacks scale and mandate.

SCAGO's opportunity is to contribute to cause leveraging it's community strength so that when the registry becomes real

What this means for SCAGO

Strategic Implications:

- Grow visibility, outside SCD community
- Lead with patients stories to make it personal
- Show up with advocacy credibility
- Introduce more individual donation opportunities
- Explore strategic cultural and community partnerships to reduce reliance on government grants



Story-led impact reporting	Introduce the SCD community to the world	Individual donation opportunities	Cultural and community partnerships
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Recommendations

What can we do to achieve brand awareness, engagement and improve fundraising efforts with zero dollars?

A. Story led ?

B. Advocacy led ?

C. Event led?

Preferred Direction :

Hybrid approach- all three

- Story leads
- Credibility proves
- Event(s) anchors

SOW parameters	How the preferred approach addresses it
Brand image alignment	Story-led expression carries credibility as visible proof
Audience engagement	Education and story content built to be searchable and shareable closes the 2.4-per-post gap
Fundraising - three flagship events + a new signature event (Proposed)	Each event gets distinct messaging; owned signature event gives the system a fourth anchor - bringing in the outside world
Public awareness	Named stories close the "feels distant" gap our hypothesis identifies and gives them a human cause that people can rally around

Brand Positioning Statement

For Ontarians who don't yet realize how deeply sickle cell affects the people and communities around them **(Target)**

SCAGO is the community-led non-profit that turns the lived experiences of people with sickle cell into a movement the public can see, join, and stand behind- helping patients live better, more dignified lives **(Frame of Reference)**

As Ontario's only organization with the community trust, credibility, and resources to amplify these stories, SCAGO is uniquely positioned to make the cause impossible to overlook **(Point of Difference)**

Because SCAGO is built and run by the caregivers and advocates who live this reality every day and backed by lived leadership - CMAJ research, a SickKids partnership, 15 Ministry-funded treatment centres, Bill 255 advocacy win **(Reason to Believe)**

The Big Hairy Audacious Goal

**Make sickle cell a disease no Ontarian
can call distant until every patient is
seen, believed and counted by the end
of 2027.**

Campaign Strategy

Use SCAGO's existing community and patient stories to reach more segments of the society and make the brand's cause and efforts visible.

The Master Plan

SCAGO's resources from the campaign lens

Patient stories



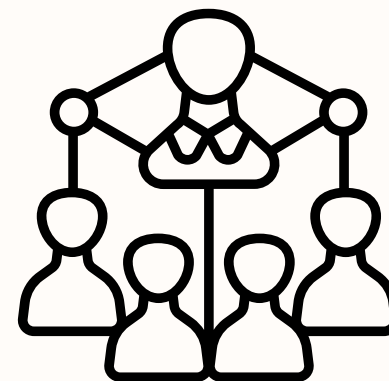
The Content Engine

Volunteer & internship programs



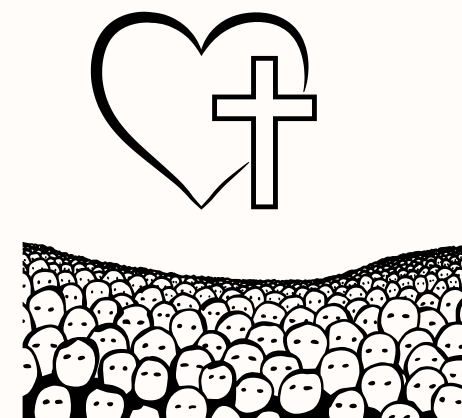
Brand awareness amongst new segments of society

2500 community members



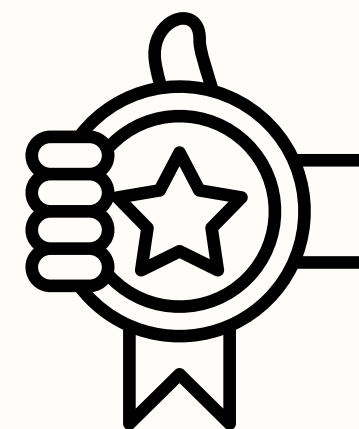
Distribution network
Every member reach others through their extended circles

Community relationships



Faith, health, cultural partners -built-in audiences SCAGO can reach

Advocacy track record



The credibility to lead a cause

Campaign SMART Objectives

Awareness:

- Grow SCAGO's **combined reach on its three priority channels (Instagram, YouTube, WhatsApp) by 20% within 12 months**, measured against the current follower/subscriber baseline captured at campaign launch.
- Secure **presence in at least 5 community touchpoints in the first year** through the borrowed-infrastructure activations.

Engagement (likes, shares, follows + community engagement):

- **Lift average engagement per post from the current 2.4 new followers to 5+ within 12 months**, by shifting to story-led content.

Fundraising:

- Grow **individual-donation revenue by 8% year-over-year** (from the FY2024 ~\$10,676 base) through story-led, credibility-backed asks across the existing events and other community touch points

Creative/Content Strategy Statement

End Benefit Statement:

To Ontarians who don't yet realize how deeply sickle cell affects the people around them, SCAGO will be the voice for sickle cell patients that makes an invisible community impossible to overlook, turning strangers into supporters who see, believe, and stand behind the people living with the disease.

Support Statement:

Real patient stories told in their own voices paired with SCAGO's earned credibility (CMAJ research, SickKids partnership, 15 Ministry-funded centres, Bill 255, 86¢ of every dollar to programs)

Tone:

The tone will be honest, human and quietly brave

Meet Roxanne



The Big Idea

“Some One You know”

A campaign platform that brings people living with sickle cell alive for unaware or indifferent Ontarians.

Campaign Messaging Architecture

Audience	Key Message	Call to Action
Unaware / indifferent general public	Meet [X]. What you do without thinking, sickle cell makes twenty times harder for them.	Now you know someone with sickle cell, share their story
Sickle cell patients & families	Tell someone you know who doesn't have sickle cell your story through SCAGO.	Be Seen and heard to make the world a better place for yourself
Donors	86¢ of every dollar reaches a real person not an abstract cause. Your gift goes further here.	Donate for some you know.
Policymakers & Healthcare professionals	Most Ontarians now, know at least one person living with sickle cell around them. It's time system knows them too.	Back Bill S-201 · Fund the framework
Supporters / advocates	Someone you know with sickle cell gets seen because of your support. Every story you share moves this forward.	Spread the word for someone you know who needs more support.

Campaign Architecture

B.H.A.G

Make sickle cell a disease no Ontarian can call a distant cause by making every patient seen, believed, and supported

Strategy

Use SCAGO's existing community and patient stories to reach more segments of the society and make the brand's cause and efforts visible.

Platform

Some One You Know - a campaign platform that brings people living with Sickle Cell alive for unaware or indifferent Ontarians.

Pillars

Lead with faces

Patient stories to ignite and fuel the concern for Sickle patients

Borrow the room

Reach people through SCAGO's network and partnerships

Prove it's real

Leverage SCAGO's credibility by showcasing the advocacy work

Build the support

Convert strangers into witnesses, supporters & potential donors

Tactics - Lead With Faces

Tactic	Format	Channels
"Now You Know Someone" story series	Self introduction format - Carousel posts / reel / thread	Instagram, TikTok, WhatsApp, X
"People You Should Know" longform	3–5 min patient / family films	YouTube, Events
"Someone I Know" volunteer series	Short 1 min Videos	All social channels including LinkedIn, Events (intermittent)

Tactics - Borrow The Room

Tactic	The Room We Borrow	Segment It Unlocks
The Junior High and High school Volunteers - Awareness and fundraising	Middle and high Schoolers (and the families behind them)	Youth + their parents + their extended community reached through them
Artist & storyteller internships	Film and art schools	Arts & culture community + their audiences - creatives and the public who attend their work
Faith community activations	Churches, mosques, temples serving affected communities	Faith communities - the highest-trust route for communities
Barbershop & salon, local businesses presence	Black-owned barbershops, hair salons, bakeries and other small businesses	Braoder community/neighbourhoods
Recreation centres & community events	Rec centres, cultural festivals (Caribana, Afrofest)	Broad community + families

Tactics - Prove It's Real

Tactic	What It Is
Trusted-voice partnerships	Align with respected Black Canadian figures who stand with the cause as credible community voices. E.g. Jully Black, Director X, Tracy Moore, Tyrone Edwards, Kardinal Offishall (Potential collaborations)
Institutional co-signs	Publicly feature SCAGO's real organizational partnerships. E.g. CMAJ co-authors, MLSE Foundation(Potential collaboration)
"We Made This Happen" advocacy timeline	A visual record of SCAGO's wins, shared on social and LinkedIn
SME / expert podcast series	SCAGO hosts clinicians, researchers, and advocates in conversation about sickle cell
“Someone we know, got help...” proof cards	Patient story paired with the impact SCAGO’s advocacy created for them

Tactics - Build The Support (Part-1)

Introducing - 'People we know' dashboard

A crowdsourced live database that counts number of sickle cell patients living in Ontario, initiated by SCAGO .

“#### number of people we know are living with sickle cell and we stand by them”

When Bill S-201 passes: SCAGO returns to its consented community and bridges them into the official registry - arriving at the national table holding what no one else will: a mobilized, willing, ready-to-enrol population.

Tactics - Build the Support (Part-2)

Signature event - A block party with the People We Know (living with sickle cell disease):

On Sickle Cell Awareness Day, SCAGO hosts its signature Summer Event - the one large community moment, completely owned by SCAGO.

Opportunities for sponsorship and donations.

Opportunities for VIPs to connect with larger community at one place.

Opportunity for general population to know and become friends of sickle cell community.



Events Key Messaging Architecture

Event	Messaging under Some One You Know Platform
Hope Gala & Awards	“Let’s celebrate the people worth knowing in our lifetimes”
SCD Summit	"Let's work together to help the people we know"
Toronto Waterfront Marathon	“I run because someone I know with sickle cell needs me to”
Block Party (Proposed)	“Get to know and enjoy a block party with the amazing people we know”

Appendix

Campaign Messaging architecture Detailed

Audience	What They Think Now	Key Message	Call to Action
Unaware / indifferent general public	"Sickle cell is rare and has nothing to do with me."	Meet [X]. What you do without thinking, sickle cell makes twenty times harder for them.	Now you know someone with sickle cell, share their story
Sickle cell patients & families	"Our pain is invisible and disbelieved. No one cares for us."	Tell someone you know who doesn't have sickle cell your story through SCAGO	Be Seen and heard to make the world a better place for yourself
Donors	"Which cause deserves my limited giving?"	86¢ of every dollar reaches a real person not an abstract cause. Your gift goes further here.	Donate for some you know.
Policymakers & Healthcare professionals	"Sickle cell is rare and insignificant in comparison to Cancer, Diabetes etc	Most Ontarians, now know at least one person living with sickle cell around them. It's time system knows them too.	Back Bill S-201 · Fund the framework
Supporters / advocates	"I care, but what can I actually do?"	Someone you know with sickle cell gets seen because of you. Every story you share moves this forward.	Spread the word for someone you know who needs more support.

Tactics - Borrow the Room - Brand awarness tactics and how it works

Tactic	The Room We Borrow	How It Works	Segment It Unlocks
The Junior High Amabassords and High school Volunteers	Middle and high Schoolers (and the families behind them)	SCAGO offers summer and volunteer-hour internships to high schoolers and an award to the middle schoolers who are able to spread the word about the sickle cell cause and raise funds in their communities. Because Ontario mandates 40 volunteer hours to graduate, SCAGO taps a free and motivated ambassadors every year – and each student becomes a bridge into their household, pulling parents and families into the cause through their own child's involvement.	Youth + their parents – their extended community reached through them
Artist & storyteller internships	Acting, writing, and film schools	Drama, creative-writing, and film students intern with SCAGO for course credit, spending time with a sickle cell family to build characters and stories rooted in real lived experience. Their showcase work – monologues, short films, portraits – travels to audiences and stages SCAGO could never reach on its own, and every piece becomes authentic "Someone You Know" content SCAGO can share.	Arts & culture community + their audiences – creatives and the public who attend their work
Faith community activations	Churches, mosques, temples serving affected communities	SCAGO partners with faith leaders for a short introduction of a patient/caregiver and their story during services, especially around Black History Month and World Sickle Cell Day, supported by a trained volunteer health ambassador in each congregation. Faith spaces are the highest-trust venues for the most affected communities – the message carries further coming from within them.	Faith communities – the highest-trust route to the most affected populations
Barbershop & salon presence	Black-owned barbershops hair salons, bakeries and other small businesses	Posters and flyers to spread the word from the inside local barbershops, bakerys and other local stores	Everyday affected community – trait carriers and families reached where they already are
Recreation centres & community events	Rec centres, leagues, cultural festivals	SCAGO shows up where the community already gathers – a "Someone You Know" story banner and count-drive table at community basketball tournaments, cultural festivals (Caribana, Afrofest), and rec-centre events. The audience is already assembled; SCAGO simply brings the stories and an easy way to join the count.	Broad community + families

Tactics - Prove it's Real Detailed

Tactic	What It Is	Exisiting Assets/ Potential Collaboration
Trusted-voice partnerships	Align with respected Black Canadian figures who stand with the cause as credible community voices	Jully Black, Director X, Tracy Moore, Tyrone Edwards, Kardinal Offishall (<i>Potential collaborations</i>)
Institutional co-signs	Publicly feature SCAGO's real organizational partnerships	SickKids partnership, 15 Ministry-funded centres , CMAJ-published research, MLSE Foundation(Potential collaboration)
"We Made This Happen" advocacy timeline	A visual record of SCAGO's wins, shared on social and LinkedIn	Bill 255 (June 19 Awareness Day), Queen's Park advocacy day, the annual Summit, the national prevalence study
SME / expert podcast series	SCAGO hosts clinicians, researchers, and advocates in conversation about sickle cell	Clinicians from the 15 centres, SickKids researchers, CMAJ co-authors. Sickle Cell experts
“Someone we know, got help...” proof cards	Patient story paired with the impact SCAGO’s advocacy created for them	Bill 255, CMAJ study, SickKids ,15 clinical centres network

Visual Identity Guidelines

Why consistent branding matters for you

When your colours, fonts, and visuals stay the same across your website, social posts, and printed materials, people recognize you instantly and start to trust what you say. A different red here, a different font there — and even a well-run organization can look unpolished or unofficial, which matters when you're asking people to trust you with donations or their time as volunteers.

For a charity like yours, consistency is credibility. It's one of the first things donors and partners look for before they commit.

Consider investing in a design platform to keep branding consistent

Canva Pro: \$25 / month

Adobe Express: \$19.99 / month

example 1

Content Branding Guide

SCAGO — Colour palette, typography & design subscriptions

COLOUR PALETTE

PRIMARY

Hay's Russet

C37 M85 Y87 K35 • #681916

SECONDARY

Dark Medici Blue

C70 M45 Y45 K15 • #417777

SECONDARY

Olive Ocher

C23 M25 Y80 K0 • #C4BF33

SECONDARY

Ecru

C20 M25 Y40 K6 • #C0B490

TYPOGRAPHY

Aa

Calibri

Clean sans serif — for all headings, body copy & social captions

ABCDEFGHIJKLMNOPQRSTUVWXYZ abcdefghijklm 0123456789

example 2

COLOUR PALETTE

02 / VISUAL IDENTITY

PRIMARY

Primary Red

C0 M100 Y75 K16 •
#D60036

SECONDARY

Rich Black

C20 M10 Y15 K100 •
#000000

TERTIARY

Yellow

C0 M0 Y100 K0 •
#FFFF00

TERTIARY

Diamine Green

C87 M20 Y100 K10 •
#1EB800

Usage rule: Primary Red leads every application. Rich Black, Yellow, and Diamine Green support as accents — never combine more than two secondaries/ tertiaries on a single slide.

Typography

HEADLINE — CAMBRIA

Aa

Slide Title / 40pt Bold

Section Header / 26pt Bold

Used only for slide titles and section headers. Always set in Rich Black or white — never in an accent color.

BODY — CALIBRI

Aa

Subhead / 20pt Bold

Body copy / 16pt Regular — for findings, descriptions, and running text throughout the deck.

Eyebrow / caption / 14pt Italic, Primary Red

Used for all body copy, captions, and UI labels. Italic + Primary Red marks eyebrows and supporting notes.

Tone of Voice & Messaging

VOICE PRINCIPLES

Direct Not Clinical: Lead with the person, then the data. Say what's happening plainly before qualifying it.

Evidence-led, not alarmist: Findings carry the weight. No exclamation points, no fear language.

Advocating, not apologizing: State the gap and the recommendation with confidence — SCAGO is the expert in the room.

IN PRACTICE

SAY: "Patients wait an average of 40 minutes longer in emergency departments than comparable pain conditions."

NOT ~~"It's honestly shocking how long people have to suffer in the ER!"~~

Titles are short and declarative ("The Gap: Scale Without Visibility"). Subheads in italic Primary Red add one line of context — never a second headline.

Events Key Messaging Architecture Detailed

Event	Messaging under Some One You Know Platform	Additional Variants
Hope Gala & Awards	“Let’s celebrate the people worth knowing in our lifetimes”	Invitation / save-the-date: "Twenty years of hope. One room. Meet the people worth knowing in your lifetime. Join us June 13." Award framing (reframes each honour): "Meet the heroes whose stories are worth knowing” Post-event / social (carries the room outward): "On June 13, the room was full of people worth knowing. Now it's your turn to meet them."
SCD Summit	"Let's work together to help the people we know"	Registration / invite: "You know these patients. Now let's build their care together. Sponsor / pharma framing: "Helping the people we know takes all of us. SCAGO is the table where patients, providers, and industry sit together to do it." On-stage / opening: "Everyone here knows someone living with sickle cell. For the next two days, let's work together to help them." Post-event (content): Clip the strongest Summit moments (already on YouTube) as proof of the room where "the people we know" got helped credibility content the public campaign uses all year.

Events Key Messaging Architecture Detailed

Event	Messaging under Some One You Know Platform	Additional Variants
Toronto Waterfront Marathon	“I run because someone I know with sickle cell needs me to”	Runner recruitment: "You don't need a reason to run 42K. You need a someone. Run because someone you know with sickle cell needs you to." Runner fundraising-page prompt: "Finish this line: I run because ____ needs me to ." (Turns every page into a named patient story - story-first pillar, executed free by runners.) Donation ask: "She's running because someone she knows needs her to. Give because you know someone too." 5K entry (lower barrier): "Can't run 42? Run 5. You still run because someone needs you to."

Research & Methodology



Methodology & analytical approach

PRIMARY RESEARCH

- Community Connections Survey (SurveyMonkey), fielded Jun 16–30, 2026 via SCAGO donor, volunteer & event lists
- n = 10 completed responses; 22 questions across brand perception, engagement habits & fundraising motivation; 0 skips on closed questions
- 10 in-person non-user interviews: 18-question semi-structured guide, 30–45 min, informed consent (transcripts summarized in A13–A16)

SECONDARY RESEARCH

- CRA T3010 filings FY2024 (SCAGO & competitors); Charity Intelligence
- The Giving Report 2026 (Imagine Canada / CanadaHelps); Donor Pulse 2025
- ICES / CMAJ Open 2023 SCD epidemiology; Statistics Canada Census 2021
- Instagram public-profile benchmark (Jun 1, 2026); SCAGO social audit

ANALYTICAL APPROACH

- Engagement-funnel analysis of Q2–Q17 (connection → engagement → trust → giving)
- SWOT refreshed with survey evidence (A2); PESTLE carried from June 23 report
- Triangulation: each conclusion requires survey data + a secondary or interview corroboration
- Trading-area lens: results read against SCAGO’s Ontario / GTA footprint (Q22)

Limitation: n = 10 engaged supporters — treat all percentages as directional signals, not population estimates (rubric: low-sample data viewed as directional, not definitive).

Findings & Analysis



Survey results — profile & connection (Q1–Q4)

Question	Results (n = 10)
Q1 Consent to participate	Yes 100% (10) · No 0%
Q2 Current info sources (multi)	Social media 80% · SCAGO events 60% · Healthcare provider 40% · Online search 40% · Word of mouth 20% · Other 20% · News 10% · Community/faith org 0%
Q3 Time connected to SCAGO	3–5 yrs 40% · 1–2 yrs 30% · >5 yrs 20% · <1 yr 10%
Q4 Connection to SCAGO (multi)	Attend events 100% · Follow social 90% · Personal connection to SCD 90% · Volunteer 80% · Share content 80% · Donate financially 40%

Read: a long-tenured, deeply connected supporter base — 90% touched personally by SCD. This is SCAGO’s warmest audience; results describe the core community, not the general public.



How supporters describe SCAGO (Q5 — verbatims)

“Supports people with the disease and educates the broader community about the health and social/economic impact.”

“Is a home for the warriors to be happy.”

“An organization who advocates for, educates, protects and supports the Sickle Cell Community.”

“Supports people living with SCD in Ontario through education, support groups, and scholarships.”

“An NGO that advocates for and educates individuals living with sickle cell disease and their families.”

“A nonprofit ... also a big advocate for improving sickle cell care in Canada.”

“A group that provides updated information about sickle cell disease. A support line.”

“SCAGO is my connection with others of the Sickle Cell Disease Community.”

“Incredible community organization that advocates and supports patients and families affected by SCD.”

Consistent language: advocate · educate · support · community/home. Brand identity is coherent — impact proof is what’s missing (Q8).



Open advice to SCAGO (Q18 verbatims)

<i>“Increase more cross organization opportunities to share information with the public.”</i>	Partnerships
<i>“Social media works, but there are still people not active on SM. Be present at public events, places where there’s always high traffic — a conversation has a big impact compared to a post that’s easily ignored.”</i>	In-person presence
<i>“Partner with trusted community spaces, not just medical ones ... barbershops, salons, churches, mosques, university clubs, and sports teams would put SCD conversations where people already gather and trust information.”</i>	Trusted spaces
<i>“Sickle cell often demands a personal connection for understanding of the cause.”</i>	Connection-first
<i>“No.” · “N/A.”</i>	—

Supporters independently propose the same strategy the analysis reaches: meet people in trusted physical spaces and through partner organizations — social media alone is not enough.



Completed SWOT — survey-updated (1 of 2)

STRENGTHS

- Unmatched loyalty: 100% attend events; 100% very likely to return in H2 2026; 80% volunteer
- Brand clarity: 80% say SCAGO communicates what it does “very clearly”; described as advocate, educator, supporter (Q5)
- Category-defining voice: “Ontario’s largest patient support org”; 21-year record; Canada’s largest SCD charity (\$684K revenue, 86% program ratio)
- Owned high-trust channel: WhatsApp forum reaches the community daily (67% daily use)

WEAKNESSES

- Only 40% of the most engaged supporters donate; individual donations \$10,676 FY2024 (~\$4/member)
- Impact communication lags: 60% “very clear” on difference made vs. 80% on activities; 20% neutral-or-unclear
- Content under-performs: 2.4 new IG followers/post vs. 43 (Sickle Cell 101); effort spread across dormant channels (X, Facebook, LinkedIn)
- No owned signature fundraising event; marathon slot belongs to another organization



Completed SWOT — survey-updated (2 of 2)

OPPORTUNITIES

- Monthly giving: 50% want flexible small monthly amounts; 70% already fund 1–2 charities — the wallet exists
- Campaign-led fundraising: 50% would rally behind a specific named campaign; only 10% motivated by recognition
- Story-led content: 80% engage with personal stories, 70% short video — formats SCAGO’s community can supply
- Community-space partnerships: barbershops, salons, faith groups, campuses & cross-org information sharing (Q18 verbatims)

THREATS

- Sickle Cell 101 (39,300 followers) owns digital discovery — the channel 60% use to find new organizations
- Donor base shrinking sector-wide (16.8% of tax filers claim donations, 20-yr low); 67% government-grant reliance concentrates risk
- SickKids Foundation raises SCD-directed gifts from the same GTA community at far greater scale
- Reliance on social alone misses supporters: “there are still people not active on social media” (Q18)



Completed PESTLE — survey-checked

Political

June 19 recognized provincially (Bill 255) & nationally; Bill S-201 in House committee would mandate a national SCD framework & registry. 67% grant reliance ties SCAGO to policy.

Economic

Shrinking, concentrating donor base + recession risk squeeze fundraising; gene-therapy costs reshape funding talks. Survey check: 70% already fund 1–2 charities — the wallet exists, but competition for it is rising.

Social

768,740 Black Ontarians; young SCD population (median age 24); stigma & ED “drug-seeking” bias persist. Survey check: 90% cite personal connection as their motivation — identity-rooted, local causes win.

Technological

Casgevy gene therapy approved (Sept 2024); short video & AI-mediated discovery are the new discovery layer. Survey check: 70% engage with short videos; social is the #1 discovery channel (60%).

Legal / Ethical

PHIPA governs health data; no national SCD registry yet (S-201 would create one); proposed charitable tax-credit reforms could shift funding. Survey check: 0% give for tax benefits — SCAGO’s base is insulated.

Environmental

Main factor is geographic access: specialized care concentrates in urban centres & 15 funded clinics. Survey check: sample is GTA-heavy, but London & Ottawa show a dispersed base with uneven access.

Matrix carried from the June 23 status report and re-tested against survey evidence. Net read unchanged: the environment rewards a diversified individual-donor base and a visible, digitally-native, community-rooted brand.



Secondary evidence & sources

Layer	Key data points used in this analysis	Source
Sector	Donors claiming donations fell 26% (1997) → 16.8% (2023); donor numbers down ~6.3M from 2013 peak; monthly giving 18% of CanadaHelps donations (up from 16% in 2018); local causes = largest online-giving category	The Giving Report 2026, Imagine Canada; CanadaHelps
Category	SCD in Ontario: ~3,500 patients (1 in 4,200), median age 24, 22,800 ED visits over 10 yrs; disease concentrated in African, Caribbean & other racialized communities	Pendergrast et al., CMAJ Open 2023; ICES; StatCan 2021
Client	SCAGO FY2024: \$684,335 revenue (10× in 5 yrs), 86% program ratio, 67% government grants, \$10,676 individual donations; IG 2,401 followers, 2.4 new/post (vs. Sickie Cell 101: 39,300, 43/post)	CRA T3010; Charity Intelligence; IG profiles Jun 1 2026
Benchmarks	Owned events build donor pipelines: Gutsy Walk \$57M+ since 1996; CAF Care Walk (Vertex sponsor); NTSAD community-messenger model; LFA named the inequity → \$27M federal line	IRS 990 / ProPublica; org websites; June 23 report



Interview findings — awareness (Q2–Q6)

Measure	What we heard (n = 7)
Heard of sickle cell disease	6 of 7 — but only at surface level (“related to blood cells”); several link it to African, Caribbean & South Asian communities
Can describe what SCD does	Only 2 of 7 (pain crises, anemia, organ damage); the rest guess or admit they don’t know
Know someone affected	5 of 7: no. Both who do trace it to one high-school friend describe how it changed their empathy
Heard of SCAGO	0 of 7 — zero unaided awareness, despite SCAGO’s credibility record
Top-of-mind health causes	Cancer (all 7), mental health, diabetes, heart disease — SCD never named: “sickle cell doesn’t get the same awareness” (R2)

Confirms the hypothesis: SCD lives outside most Ontarians’ lived experience — and SCAGO itself is invisible to them. Awareness must be built, not assumed.



Interviews — what would move them (Q7–13)

Question area	What we heard (n = 7)
Content that sparks interest	Personal stories over statistics — all 7. “People connect with people first.” (R2); reels/short video favoured; they scroll past pure donation asks
What gets them to volunteer	Relatability & personal connection; seeing exactly how their time helps; engaging formats — “walks, runs, hackathons” (R6)
What gets them to donate	Trust — “I want to know where the money is going” (R2); low-barrier moments (grocery round-up); education before the ask (R4)
A cause that doesn’t affect them	A good story can still make them care (R2); education + visibility (subway, community events, run clubs); empathy is the pathway (R7)
How they discover charities	Social media: 7 of 7 (Instagram, TikTok, Reddit) — plus ads, posters, word of mouth, and reps at events

Non-users independently describe the same playbook supporters chose in the survey: story-led, short-video, social-first — with a human, in-person layer on top.



Interviews — trust, barriers & events

Theme	What we heard (n = 7)
What builds trust (Q14)	Financial transparency, visible real-time impact, real people & named leaders, “no AI posts” (R1), “not asking for it aggressively” (R6)
Barriers to support (Q15)	Not knowing enough about the organization; unclear next step; fund-misuse controversy; simply time & money (R7)
SCAGO’s 2026 events (Q16)	Marathon wins — “feels like something anyone can participate in” (R2); Gala risks exclusion — “I would feel out of place ... with no personal connection” (R1); Summit: little interest
Their advice to SCAGO (Q17–18)	Non-health community events (expos, run clubs, carnivals); schools & youth; real humans in busy areas; a recurring, name-attached presence (R5); storytelling on Instagram & TikTok

The event test independently validates the June 23 conclusion: the entry point for new supporters is a low-barrier, participatory, owned format — not the gala or summit. This is the strongest cross-source evidence in the analysis.

Category trends

- **85,000 charities in Canada, 58,000 in Ontario of which about half operate on annual budgets under \$1M**
- **77% of these charities make less than \$500,000 in revenue per year** - 90% employ 10 or fewer full-time staff 59% have no full-time staff
- **More than 2/3rd of charities report increased demand for services** amid staffing shortages and financial uncertainty
- **Spotlight on community-centric and community-specific** funding relationships
- **Focus on Donor Retention Over Acquisition** due to affordability pressures
- **AI and tech integration**

Fundraising & donation trends

Fewer Canadians give- Tax filers claiming donations fell from 26% (1997) to 16.8% (2023). On the broader GVP survey, donor numbers are down about 6.3 million from their 2013 peak.

A few big donors give most of the money- Donors giving \$5,000+ represent just 9% of donors but contribute 71% of donation dollars.

Slow economy is the biggest barrier - 89% of Canadian charities cite the economy as their biggest challenge

Growth in online giving has spread across the country, reducing reliance on major cities. Toronto grew notably slower than the national average

Channel trends

Where Canadians Donate-

- **54%** of donors prefer giving directly through a charity's website
- **13%** prefer consumer giving platforms (e.g. CanadaHelps)
- **10%** crowdfunding
- **5%** social media

Where Canadians engage-

- **48%** prefer email for charity updates and appeals
- **21%** direct mail
- **17%** social media
- **8%** text
- Email drives **16%** of all online revenue (up from 11% in 2024)
- Facebook Fundraising dropped to **0.2%** of online revenue (from 1.1% in 2023)

Key findings from competition benchmarking

- **Canada's largest SCD charity by a wide margin:** amongst the direct competitors – SCAGO has most revenue and government funding (\$684, 335, 67%)
- **No brand owned signature community event that can build a donor pipeline**
- **#1 on Instagram amongst SCD organizations with 2401 followers. Way behind bigger charities** and some influencers
- **Social Media content is not performing:** SCAGO gains 2.4 new Instagram followers per post across 990 posts. Sickie Cell 101 (online educator) gains 43 per post on Instagram
- **Real institutional credibility is invisible to public** in comparison to the competition

COMPETITOR LANDSCAPE

Direct Competitors

Sickle Cell Assoc. of Ontario (SCAO)

Same disease, same city, same patients, donors, & advocacy voice

Sickle Cell Disease Assoc. of Canada

National body in Toronto competing for federal grants & donors

Comfort & Smile

Toronto grassroots sickle cell org serving the same local community & donor base

Indirect Competitors

Black Health Alliance: Competes for OTF, BOF, & federal Black health equity grants from the same ACB donor community

TAIBU Community HealthCentre: OTF-funded, federally supported; serves same ACB patients with sickle cell programming

Well-established Canadian Health Charities: E.g. Diabetes Canada, Heart and Stroke Foundation

Rexdale Community Health Centre: Standalone sickle cell program; draws federal & discretionary

SickKids Hospital: Raises sickle cell-directed donations from the Black community via Black Experience @ SickKids

Digital Attention

Beyond funding, SCAGO also faces competition for digital attention from both nonprofit peers and high-following educational SCD accounts

These include:

- SCD nonprofit organizations
- Health and community nonprofits Educational / personal SCD accounts like @SickleCell101 and @sicklecellcoach (Dr. Lewis)

These accounts provide useful models for making sickle cell education more engaging, accessible, and shareable

Competitor Campaigns That Do Well on Social

• **Real People. Real Stories.**

-
- *SCAO*
- *SickKids*
- *Black Health Alliance*

2. Subverts Category Expectations.

- *SickKids "VS"*
- *Taibu Community Health Centre "TAIBU takes on Taboo"*
- *Diabetes Canada "Pump Couture"*

3. Shares Wins and Losses.

- *Sickle Cell Disease Association of Canada*
- *The Kidney Foundation of Canada "Let's Keep the Momentum Going"*
-

Note on scago's hope gala Recommendations

Event occurred too early in our process of the project. Recommendations made by the end of the project could be effectively used for upcoming events and Hope Gala 2027.

Benchmarking data and referred case studies

INSTAGRAM BENCHMARK (JUNE 1, 2026)

Organization	Followers	Posts	Followers / Post	Category
SickKids Foundation	64,700	1,221	53.0	Hospital foundation
Sickle Cell 101	39,300	919	42.8	Online educator — the benchmark
Heart & Stroke	27,000	1,600	16.9	Sector leader
Diabetes Canada	26,000	2,500	10.4	Sector leader
Black Health Alliance	11,200	n/a	—	Indirect competitor
Sickle Cell Coach (Dr. Lewis)	6,704	264	25.4	Online educator
Afri-Can FoodBasket	5,758	320	18.0	Community comparator
CEE — Young Black Professionals	9,037	2,116	4.3	Community comparator
JCA (Jamaican Canadian Assoc.)	5,895	974	6.1	Community comparator
TAIBU Community Health	2,900	520	5.6	Indirect competitor
SCAGO	2,401	990	2.4	SCAGO — leads Canadian SCD char
SCAO	1,169	327	3.6	Direct competitor

All figures from public Instagram profiles, read live June 1, 2026. Followers/post = total followers divided by total posts published.

FINANCIAL COMPARISON (FY2024)

Organization	Annual Revenue (CAD)	Charitable programs %	Govt funding %	Type
SickKids Foundation	\$297.1M	<1%†	0%	Indirect
Heart & Stroke	\$162.5M	55%	<1%	Indirect
Diabetes Canada	\$37.1M	39%	3%	Indirect
Crohn's & Colitis Canada	\$14.0M	56%	0%	Indirect
Black Health Alliance	\$2,307,731	89%	34%	Indirect
SCAGO	\$684,335	86%	67%	Subject
Comfort & Smile	\$37,298	86%	0%	Direct
SCDAC (national body)	\$18,524	69%	0%	Direct
SCAO	\$12,638	39%	0%	Direct

All figures: 2024 fiscal year, from CRA T3010 Quick View (apps.cra-arc.gc.ca). Charitable programs % = charitable programs expenditure / total expenses, exactly as CRA reports it; revenue and government funding % are also CRA-reported. Year-ends: December 31 2024 for the sickle cell cohort, Diabetes Canada and Crohn's & Colitis; March 31 2024 for Black Health Alliance and SickKids Foundation; August 31 2024 for Heart & Stroke. † SickKids Foundation is a fundraising foundation: it grants \$172.5M (66% of expenses) to the hospital as gifts to qualified donees, which CRA reports separately, so under 1% shows as its own charitable programs.

PARALLEL ORGANIZATIONS

Organization	Revenue (USD, FY24)	≈ CAD (x1.40)	Funding model & parallel
Lupus Foundation of America	~\$15.4M	~\$21.6M	Demographic parallel. Named racial inequity; won a dedicated Department of Defense research line.
Cooley's Anemia Foundation	~\$2.8M	~\$3.9M	Structural parallel. Owns Care Walk; Vertex is title sponsor.
NTSAD	~\$1.4M	~\$1.9M	Mobilization parallel. Community-messenger model; 4-star efficiency.
SCAGO (for scale)	~\$0.49M	\$0.68M	Subject. 33% donations, 67% government grants; figures CAD-native.

Revenue from IRS Form 990 via ProPublica Nonprofit Explorer, most recent fiscal year (2024; NTSAD ~\$1.4M for 2024 and 2025). USD converted to CAD at ~1.40 (June 2026); CAD figures approximate. SCAGO shown only for scale: it is CAD-native and filed under CRA T3010 (FY2024). These three organizations are case-study parallels, not competitors. Full qualitative comparison in Appendix A4.

SIGNATURE COMMUNITY EVENTS BY NGOs

Reference: the participatory, community-owned events other causes use to recruit everyday donors. All facts verified June 2026.

Gutsy Walk — Crohn's & Colitis Canada Canada's largest IBD fundraiser: a 5 km peer-to-peer pledge walk held every year since 1996 (30th year in 2026) at 30+ sites; 3,500+ walkers; \$57M+ raised to date. The clearest model of a repeatable, owned signature walk.

Manulife Ride for Heart — Heart & Stroke Toronto's signature ride since 1987: closes the DVP and Gardiner Expressway one Sunday each June; 25/50/75 km rides plus a 5 km walk; up to ~15,000 participants pre-2020; \$79M+ raised to date.

Big Bike — Heart & Stroke A 29-seat bike that tours communities from May to September; teams of friends or coworkers fundraise per ride. Low-cost, repeatable and team-based.

“Walk Good” Walkathon — Jamaican Canadian Association The ACB community's own pledge walkathon since the early 1980s, usually the first Sunday in May in Toronto; 5K/10K plus a health fair. Proceeds are shared with partners including SCAO and Black Health Alliance, the model most culturally aligned with SCAGO's audience.

Camp Jumoke Canada's only medically supervised summer camp for children with SCD; founded 1994; two weeks at Camp Wenonah, Ontario; covers the full ~\$2,200 cost per child through private donations; 600+ children served. A signature owned program that builds deep loyalty.

Gutsy Walk: crohnsandcolitis.ca and Crohn's & Colitis Canada news releases. Ride for Heart and Big Bike: heartandstroke.ca and CBC. Walk Good: jcaontario.org/walkgood and SCAO partners page. Camp Jumoke: jumoke.org and Ochsner Journal (2021).

RELATIVE SIZE: SCAGO VS. COMPETITORS

ANNUAL REVENUE (CAD, FY2024 T3010)¹



INSTAGRAM REACH (June 1, 2026)²



SCAGO is 37x larger than SCDAC, the national body, and 54x larger than SCAO. ¹ CRA T3010 filings, FY ending Dec 31 2024; Black Health Alliance FY ending Mar 31 2024. ² Instagram public profiles, June 1, 2026.

PARALLEL CASE STUDIES: THREE ORGANIZATIONS

selected not as competitors but as organizations that already solved problems SCAGO is working on.
Revenue in USD: ~1.40 USD/CAD June 2026 ¹

MOBILIZATION PARALLEL

NTSAD

National Tay-Sachs & Allied Diseases Association

Founded 1957, US
~\$1.4M USD (2024) · 990 Instagram followers

Community screening cut Tay-Sachs by 90%+ in three decades using trusted community messengers and one repeatable hero metric. No mass media. The model was exported globally.

STRUCTURAL PARALLEL

CAF

Cooley's Anemia Foundation

Founded 1954, New York
~\$2.8M USD (2024) · ~6x SCAGO · 4,278 followers

A grassroots blood-disorder charity that became a trusted voice for governments and pharma. Its Vertex-sponsored Care Walk and patient-first storytelling drive awareness and engagement

DEMOGRAPHIC PARALLEL

LFA

Lupus Foundation of America

Founded 1977, Washington D.C.
~\$15.4M USD (2024) · ~31x SCAGO · 93,000 followers

Like sickle cell disease, this condition was underfunded because of who it affects. Advocacy around racial inequities helped secure \$27M in dedicated government research funding in FY2026.

¹ Revenue: IRS Form 990 via ProPublica Nonprofit Explorer (2024). USD/CAD ~1.40, June 2026. Instagram: public profiles, June 1, 2026.

WHAT THE CASE STUDIES TEACH SCAGO

NTSAD

Choose one hero metric and build everything around it

NTSAD built 50 years of advocacy around one number: Tay-Sachs reduced by 90%+. SCAGO has 3,345+ Ontarians with SCD, 15 funded centres, and 2,500+ members — but no single hero figure that a donor, reporter, or minister would remember.

CAF

Own a signature event and lead with patient stories, not statistics

CAF owns its Care Walk outright — Vertex is now the title sponsor — and leads every campaign with named patients, not data. SCAGO's marathon presence is a team entry inside another organization's event; a SCAGO-owned walk is the structural gap.

LFA

Name the racial inequity to open dedicated government funding

LFA named the fact that lupus was ignored because of who it affects, and won government research line: \$27M in FY2026 appropriations. SCAGO has passed Bill 255 provincially. The same framing applied federally is the next move.

Sources: NTSAD (ntsad.org), CAF (thalassemia.org), and LFA (lupus.org) websites; IRS Form 990 via ProPublica Nonprofit Explorer (2024); US DoD CDMRP appropriations, FY2026.

APPENDIX A4 — PARALLEL CASE STUDIES

	SCAGO	NTSAD	CAF	LFA
Revenue	\$684K CAD (FY2024) 10x growth in 5 years	~\$1.4M USD (2024) ~2x SCAGO	~\$2.8M USD (2024) ~6x SCAGO	~\$15.4M USD (2024) ~31x SCAGO
Instagram	2,401 followers 2.4 new followers/post	990 followers 0.9 new followers/post	4,278 followers 1.7 new followers/post	~93,000 followers national handle
Flagship event(s)	Hope Gala; Summit; marathon team entry	Day of Hope; Family Conference	Care Walk (Vertex title sponsor)	Walk to End Lupus Now (~60 cities)
Key advocacy win	Bill 255; 15 Ministry- funded centres in Ontario	Tay-Sachs incidence cut 90%+ since 1970s	NHLBI Thalassemia Research Network (1998)	\$27M federal appropriation FY2026; dedicated DoD line
What transfers to SCAGO	—	One hero metric; community messengers	Owned event; pharma sponsor; patient storytelling	Name the inequity explicitly; repeatable advocacy summit

Revenue: CRA T3010 charity filings (SCAGO FY2024); IRS Form 990 via ProPublica Nonprofit Explorer (NTSAD, CAF, LFA, 2024). USD/CAD ~1.40, June 2026. Instagram: public profiles, June 1, 2026.
Advocacy: organization websites; US DoD CDMRP, FY2026.

Evidence from Survey

Q18

Is there anything else you think SCAGO should know — about how to reach people, raise awareness, or make the cause feel more relevant?

Sickle cell often demands a personal connection for understanding of the cause.

-

What do you think sets SCAGO apart from other organizations working in the sickle cell disease space?

Not sure

If you were describing SCAGO to someone who had never heard of it, what would you say?

SCAGO is my connection with others of the Sickle Cell Disease Community

What do you think sets SCAGO apart from other organizations working in the sickle cell disease space?

SCAGO is connected to the international community and is aware of why this matters in advocacy in order to foster change in the medical community. SCAGO casts a wider net in this space.

What would motivate you to donate to or more regularly support SCAGO? (Select all that apply)

Flexible giving options (e.g., small monthly amounts)

A specific campaign or cause to rally behind

What typically motivates you to support a charity? (Select all that apply)

Personal connection to the cause

Seeing clear evidence of impact

A compelling story or campaign

https://www.surveymonkey.com/results/SM-9HWzQt9rhSI7A8D3ZGqIsq_3D_3D/