

Developing health communication campaigns

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Learning objectives

Learning objectives:

By the end of this session, you will be able to:

1. Explain the purpose of the different steps in our Health communication campaign planning model
2. Describe what is involved in each step
3. Identify how these steps can be applied to your situation
4. Know how to access our health communication planning products and services to support your campaign planning

Definitions of health communication

- **The process of promoting health by disseminating messages through mass media, interpersonal channels and events.¹**
 - May include diverse activities such as clinician-patient interactions, classes, self-help groups, mailings, hotlines, mass media campaigns, events
 - Efforts can be directed toward individuals, networks, small groups, organizations, communities or entire nations

Our definition of health communication

Where good health promotion and good communication practice meet.²



5

Types of health communication

- Persuasive or behavioural communications (which may employ social marketing strategies)
- Risk communication
- Media advocacy
- Entertainment education
- Interactive health communication
- Communication for social change



6

Message review tool

- It is a checklist to develop persuasive health communication messages
- Based on McGuire’s hierarchy theory³
- Used in conjunction with audience analysis, message pre-testing and campaign evaluation

Health communication message review criteria

Health communication message review criteria

		Great	Good	Fair	Fail
1	The message will get and maintain the attention of the audience.				
2	The strongest points are given at the beginning of the message.				
3	The message is clear (i.e., it should be easy for the audience to point out the actions you are asking them to take (Now what), the incentives or reasons for taking those actions (so what) as well as the evidence for the incentives and any background information or definitions (What?)).				
4	The action you are asking the audience to take is reasonably easy.				
5	The message uses incentives effectively (more than one type of incentive is used, the audience cares about the incentives presented and the audience thinks the incentives are serious and likely).				
6	Good evidence for threats and benefits is provided.				
7	The messenger is seen as a credible source of information.				
8	Messages are believable.				
9	The message uses an appropriate tone for the audience (for example, funny, cheery, serious, dramatic).				
10	The message uses an appeal that is appropriate for the audience (i.e., rational or emotional). If fear appeals are used, the audience is provided with an easy solution.				
11	The message will not harm or be offensive to people who see it. This includes avoiding 'victim blaming'.				
12	Identity is displayed throughout.				

Final recommendation
 Use Lose Adapt

Criterion 1:
the message
must get and
maintain
attention

- If you don't capture and maintain attention, you cannot be effective!
- Different techniques will capture different audiences – messages must always be tested.

9

Health communication materials should be

- Attractive
- Interesting
- Entertaining
- Stimulating

Ways to capture attention

- Consider using
 - Parody
 - Suspense
 - Word play
 - Sensuality
 - Humour
 - Vivid visuals
 - Striking statements
 - Lively language
 - Fascinating facts
 - Memorable slogans
- Use high-quality creative (text, graphics, visuals)

HEART DISEASE. JUST ANOTHER EXCUSE FOR LAZY PEOPLE NOT TO WORK.

**IMAGINE IF WE TREATED EVERYONE LIKE WE
TREAT THOSE LIVING WITH MENTAL ILLNESS.**

Shocking, isn't it? But it's true. People simply don't take mental illness seriously. They assume that those with mental illness are weak, or somehow at fault for their suffering. But like heart disease or any other serious affliction, people with mental illness can't get better by themselves. Healthy Minds Canada raises money to research mental illnesses in the hope of finding cures. Still, research into these diseases, which affect 1 in 5 Canadians, remains shockingly underfunded. And that's as unsettling as the headline. We need your help. If you can, please give. Call 1-800-915-5773 or visit www.healthyminds.ca

MENTAL ILLNESS IS REAL. HELP US FIND A CURE.

healthyminds
CANADA

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Struck down



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260 CHILDREN DIE FROM BURNS EVERY DAY. KEEP KIDS SAFE.

Strikes de cuisine, 260 enfants décèdent chaque jour de brûlures. Les enfants sont particulièrement vulnérables aux brûlures causées par les cuisinières à gaz.

www.unicef.org/child-safety

UNICEF

TODOS OS DIAS MORREM, NO MUNDO, 125 CRIANÇAS POR INTOXICAÇÕES.

MANTENHA AS CRIANÇAS EM SEGURANÇA.

Medicamentos e produtos químicos são fontes de intoxicação para as crianças. Mantenha-os fora do alcance das crianças e fora de casa.

Center for Communications Programs, WHO

CHAQUE JOUR, 130 ENFANTS DÉCÈDENT DES SUITES D'UNE CHÛTE. PROTÉGEONS NOS ENFANTS.

Chaque jour, 130 enfants décèdent des suites d'une chute. Protégeons nos enfants.

UNICEF

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Criterion 2: put strongest points at beginning of message

- Position most critical information early in the message
- Audiences who lose interest or become distracted will still process key points



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15

I AM SMART.

I have big ideas and even bigger dreams.
Listen to me. I have a lot to offer.



Appearances are skin deep. Look deeper.

www.preventingit.com



Community Safety &
Crime Prevention Council
Prevention is a community responsibility

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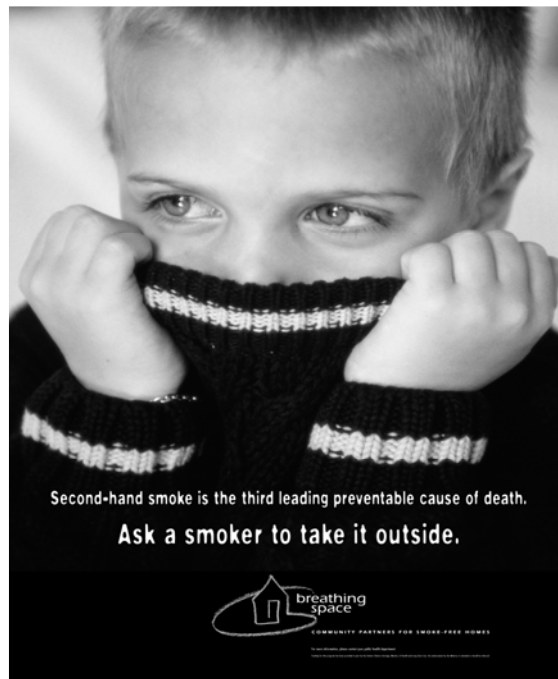
16

Criterion 3: the message must be clear

Can the audience identify the main message points?

- What
- So what
- Now what

17



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18

Elements that can help or hinder clarity

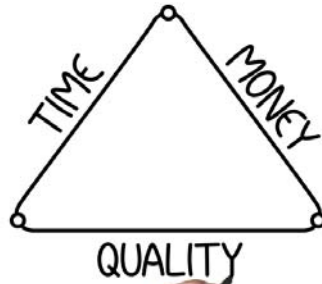
- Language and reading level
- Pace/speed
- Amount of content
- Statistics
- Background (text, graphics, music, etc.)
- Repetition

Criterion 4: the action you are requesting is reasonably easy

- A positive behaviour may require too great a sacrifice
- Breaking the behaviour into small, easy steps may help
- Witte's Extended Parallel Process Model (EPPM) explains how and why different types of appeals for action may or may not work⁴

- Target behaviours can be arranged along a continuum according to:

- Degree of time
- Effort
- Money
- Psychological costs
- Social costs



Audiences need a reason to change their behaviour



THE KEY TO A TRULY GREAT PARTY!



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www.educalcool.qc.ca

23

Criterion 5: make effective use of incentives

- Asking is not enough
- Audiences need to know:
Why? Why now? So what?
- Is the problem severe? Am I
susceptible? (Kim Witte, EPPM)⁴

24

Different kinds of incentives:

- Physical
- Economic
- Psychological
- Moral-legal
- Social



Grocery store



Criterion 6:
provide good
evidence for
threats and
benefits

- Provide credible evidence that threats/benefits are real and likely and that what you recommend **will** alleviate those threats (i.e., response efficacy)

27

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Doodles





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29

Criterion 7: the messenger must be a credible source

- The messenger is the person in the message who delivers information, demonstrates behaviour, or provides a testimonial
- The messenger helps:
 - Attract attention
 - Personalize, by modeling actions and consequences
 - Make messages memorable

30

Categories of messengers

- **Celebrity**
Famous athlete or entertainer
- **Public official**
Government leader or agency director
- **Expert specialist**
Doctor or researcher
- **Organization leader**
Hospital administrator or executive

Categories of messengers (continued)

- **Professional performer**
Standard spokesperson, attractive model, or character actor
- **Ordinary real person**
Blue-collar man or middle-class woman
- **Specially experienced person**
Victim, survivor, or successful role model
- **Unique character**
Animated, anthropomorphic, or costumed

Criterion 8:
messages must
be believable

- Messages must be realistic
- They should not make extreme claims or use extreme examples
- Avoid highly dramatic episodes
- Do not provide misleading information
- The audience must believe the information is accurate

33

Criterion 9:
use an
appropriate
tone

Light

- Humorous
- Whimsical
- Ironic
- Cheery

Heavy

- Angry
- Outrage
- Injustice
- Dramatic

34



**STEVE PLAYS
DRINKING GAMES.
HE WON BIG
LAST NIGHT.**

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Moderation is always in good taste.

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Criterion 10:
use an
appropriate
appeal

- Rational



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- Emotional



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37



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Moderation
Moderation is always in good taste.

38

Criterion 11:
do not harm
the audience

- Consider the views of anyone who may encounter the message
- Ensure adequate research when using negative messages with threats or fear appeals, e.g., tobacco control:
 - Substantial evidence from a broad range of studies supports the inclusion of graphic pictorial images and text on cigarette health warning labels
 - Graphic pictures can significantly enhance the effectiveness of warning labels⁵.

39

Cam



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40

Criterion 12: display identity throughout

- Identity:
- Defines
- Distinguishes
- Synergizes

41

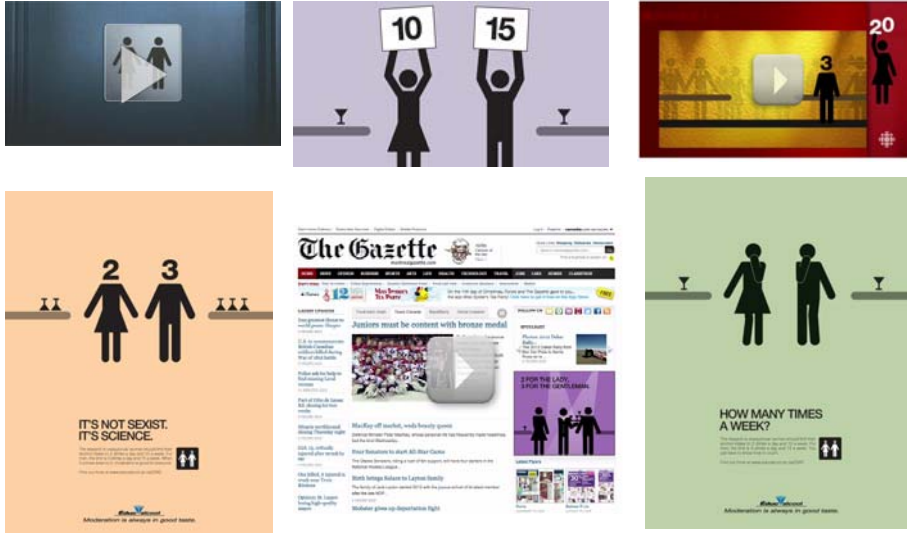


A campaign identity includes

- A mission
- Vision
- A positioning statement/copy platform
- A slogan
- Name
- Images
- Logo

42

Criterion 12: display identity throughout



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43

12 steps to developing a health communication campaign



44

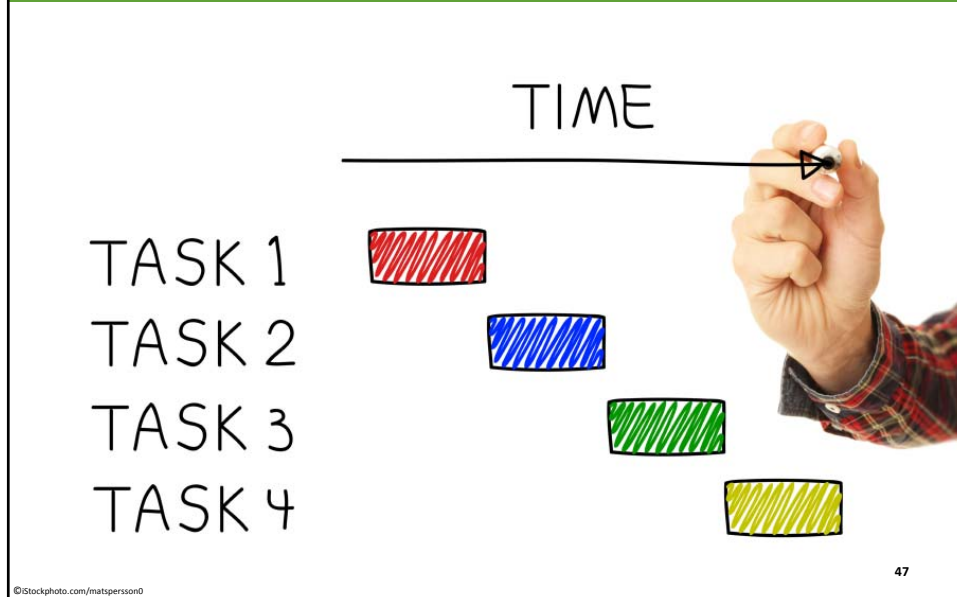
Comprehensive health communication campaigns¹

- Goal-oriented attempts to inform, persuade or motivate behaviour change
- Ideally aimed at the individual, network, organizational and community/societal levels
- Aimed at a relatively large, well-defined audience (i.e., they are not interpersonal persuasion)

Comprehensive health communication campaigns (continued)

- Provide non-commercial benefits to the individuals/society
- Occur during a given time period, which may range from a few weeks to many years
- Are most effective when they include a combination of media, interpersonal and community events and,
- Involve an organized set of communication activities

Step one: project management



Step one: project management

- Plan to meaningfully engage stakeholders
- Establish a clear decision-making process
- Establish a timeline for creating the work plan and for the campaign
- Plan how you will allocate financial, material, and human resources
- Consider what data will be required to make decisions at each step

Step two: revisit your health promotion strategy



49

Step two: revisit your health promotion strategy

- Consider measurable objectives at all four levels (individuals, networks, organizations, and communities/societies)
- Ensure they are realistic, clear, specific, a strategic priority, measurable, attainable, and time-bound
- Ensure your project team is aware and supportive of your health promotion strategy
- Use logic models as well as narratives to review and describe the strategy

Step three: analyze and segment audiences

- Where possible, segment your audience
- Use existing and new qualitative and quantitative data
- Use a combination of less and more expensive means
- Ensure that multiple data sources confirm your conclusions
- Develop a complete and compelling understanding of your audience

Step three: analyze and segment audiences

Segmentation

- The process of breaking down a large audience into a smaller number of subgroups that are as homogenous as possible, and as different from each other group as possible



Segmentation helps to:

- Better describe and understand a segment
- Predict behaviour
- Formulate tailored messages and programs to meet specific needs
- Set objectives that will reflect your overall goal

What do we need to know about our audience?



What do we need to know to change audience behaviour?

- Demographics
- Psychographics
- Behaviours and factors related to these

Demographic

- Gender
- Age ranges
- Typical occupation
- Income range
- Education
- Family situation
- Location home and work
- Cultural characteristics

Behavioural

- Current behaviour
- Benefits from behaviour
- Readiness for change
- Current social or medical consequences
- Feelings of susceptibility
- Skill level
- Knowledge
- Attitudes
- Intentions
- Self-efficacy

57

Psychographic

- Values and beliefs
- Key personal characteristics
- Where they get their health-related information
- Organizations and social networks they belong
- How they spend their time and money
- Role models

58

Audience analysis techniques: qualitative

- Focus groups
- Consultations
- Observation
- Cyber tours
- Diaries and journals
- Interviews
- Media outlet profiles

Audience analysis techniques: quantitative

- Questionnaires (mail, telephone, online)
- Web search patterns

When do we have enough?



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- When our picture is relatively complete
- When our picture is valid (triangulate)
- When our picture is compelling

61

The segmentation process

- Identify variables
- Prioritize variables
- Map out possibilities



62

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Choose preferred segments from possibilities

- Eliminate
- Rank order
- Combine where necessary/appropriate

Step four: develop inventory of communication resources

- Modify existing inventories and directories, e.g. media lists from partner organizations
- When listing your resources, consider a mix of communication strategies, including media, interpersonal, and events



Step five: set communication objectives

- Consider all four levels (individuals, networks, organizations, and communities/societies)
- Limit yourself to 2-3 objectives per level



Step five: set communication objectives

- Describe a change rather than an action step
- Ensure objectives are SMART
- Ensure objectives address a strategic priority
- Ensure objectives are aligned with overall strategy (step two)



Set outcome objectives for four levels

Health outcomes: a reduction in the incidence or prevalence of a health condition in the population

For example:

- Cardiovascular disease
- Exposure to second-hand smoke
- Homelessness
- Crime rates
- Food borne illness

Set outcome objectives for four levels

- To achieve our health outcomes, changes are required at four different levels:

1. Among **individuals**
2. Within **social networks**
3. Within **organizations**
4. Within **societies**

Set outcome objectives for four levels

- **Who** must change at this level?
- **What** is the most important thing that these individuals/groups must change?
- **What other** types of change are required among these individuals/groups?

Set outcome objectives for four levels: individual

Who must change?	<p>Audience segments with higher risk behaviours.</p> <p>For example:</p> <ul style="list-style-type: none"> • People who smoke • People with lower levels of physical activity • People having unprotected sex
What must change?	<p>Personal behaviours</p>
What else must change?	<ul style="list-style-type: none"> • Knowledge • Beliefs • Attitudes • Skills • Self-efficacy

Set outcome objectives for four levels: social/network

Who must change?	<p>Opinion leaders of networks such as:</p> <ul style="list-style-type: none"> • Families • Groups of friends • Colleagues • Team mates <p>Members of networks</p>
What must change?	The social environment
What else must change?	<ul style="list-style-type: none"> • Views • Behaviours • Frequency and content of conversations about a health issue within the network

Set outcome objectives for four levels: organization

Who must change?	<p>Decision-makers in organizations such as:</p> <ul style="list-style-type: none"> • Schools • Worksites • Places of worship • Primary health care settings <p>Anyone else who plays a role in adopting and implementing the practices, procedures and conditions of the organization (e.g., employees, unions, managers)</p>
What must change?	Organizational practices, policies and procedures (e.g., access to exercise facilities, access to healthy food choices, flexibility in work hours to deal with family illness).
What else must change?	Views about costs and benefits of change Confidence and competence in developing effective health promoting policies, practices, procedures

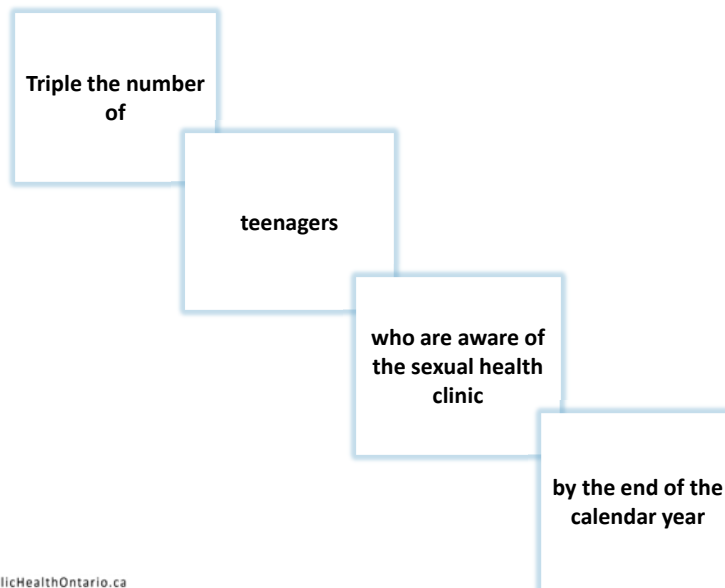
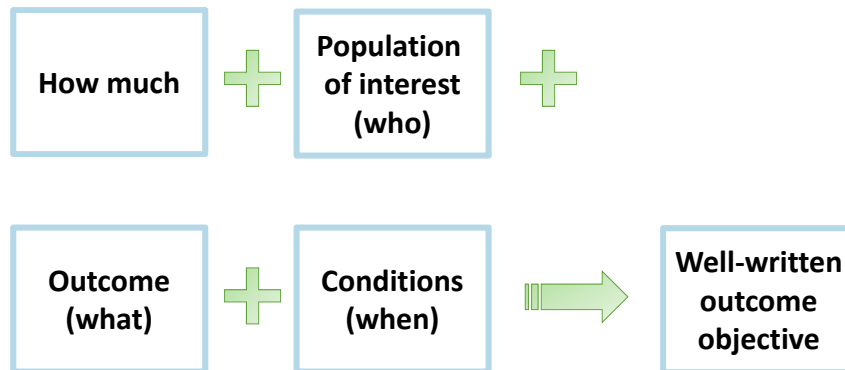
Set outcome objectives for four levels: society

Who must change?	Decision-makers for towns, cities, regions, provinces, countries Anyone else who plays a role in adopting and implementing the practices, procedures and conditions of the society (e.g., citizen special interest groups, civil servants)
What must change?	Societal practices, policies and procedures (e.g., access to healthy food at a reasonable price, access to housing, safe neighbourhoods, etc.)
What else must change?	Views about costs and benefits of change Confidence and competence in developing effective health promoting policies, practices, procedures

Characteristics of good objectives

- Specific
- Measurable
- Appropriate
- Realistic with resources available
- Time-bound
- (SMART)
- Compatible with goal, mission/vision, other objectives
- Credible to key stakeholder groups

Elements of a well-written **outcome objective**



Step six: select channels and vehicles

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Step six: select channels and vehicles

- Choose the best channels and vehicles for the situation based on reach, cost, and effectiveness, (i.e., fit to situation, audience, and objectives)
- Use a mix of short- and long lived channels and vehicles
- Consider a mix of communication strategies, including media, interpersonal and events

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Channels: the means by which a message is sent

- There are direct interpersonal channels such as doctor to patient, friend to friend, mother to child, teacher to class, etc.
- There are also indirect channels which are mediated, such as:
 - Television
 - Radio
 - Newspaper
 - Social Media

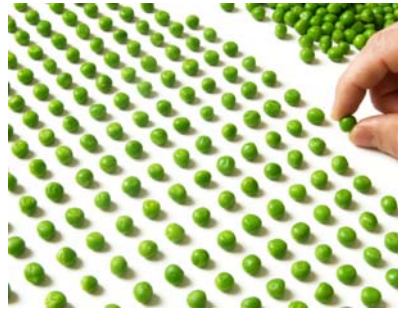
Vehicles: specific formats used to deliver messages through channels

Vehicle

- a) Commercial (Television)
- b) Spokesperson profile and interview (Radio)
- c) Print ad (Print)
- d) Facebook page (Social Media)

Step seven: combine and sequence communication activities

- Hold a big event first or build to a grand finale
- Include activities with both high and low visibility
- Mix the shelf life
- Be aware of special events and holidays, friend or foe
- Try to fit activities with the season



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Step seven: combine and sequence communication activities

- Build on existing events but be ready for the unexpected
- Balance timing to achieve repetition but avoid message fatigue
- Apply the rule: 3 messages, 3 times, 3 different ways
- Link with larger issues that are capturing the public agenda
- Integrate activities: a single activity can be designed to have an impact at all four levels

Step eight: develop the message strategy



83

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Step eight: develop the message strategy

- **What**
A clear indication of what the message is about
- **So what**
Reasons the audience should care
- **Now what**
Next steps for the audience

Step eight: develop the message strategy

- This is a key part of creating the specs of any communication product to guide production
- Build upon information and decisions in steps 1–7, particularly audience analysis and objectives
- To generate ideas, review materials from a variety of sources and assess what you like and don't like

Step nine: develop project identity



Step nine: develop project identity

- Use examples from a wide variety of sources to help determine your preferences
- Produce materials that carry the identity– name, position statement, logo, and images, as required
- Manage your identity, by ensuring all connections with your audience (e.g., print, verbal, online) are consistent with your identity

Step ten: develop materials

- Aim to produce the best materials within budget and on time
- Manage reviews and sign-offs very carefully
- Pre-test all material with intended audience



Step eleven: implement your campaign



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Step twelve: complete the campaign evaluation



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Step twelve: complete the campaign evaluation

- Throughout all steps:
- Stay in touch with stakeholder expectations
- Reserve resources for the evaluation
- Ensure your efforts are evaluable

PHO health communication resources

- Health communication message review criteria⁶
- Health communication outcomes. At the heart of good objectives and indicators⁷
- Introduction to social media⁸

Other recommended resources

- On social marketing and social change⁹
- Building smart networks through network weaving¹⁰
- New media and the future of public service advertising – case studies¹¹
- The new technology: the consumer as participant rather than target audience¹²

Other recommended resources (continued)

- New media cases in cases in public health communication and marketing: the promise and potential¹³
- Gateway to health communication and social marketing practice¹⁴
- Making health communication programs work¹⁵

Health promotion capacity building services

- Free to those working on Ontario-focused projects
- Service request form:
 - <http://www.oahpp.ca/services/hpcdpip-consultation-services.html>

Scope of consultations vary, depending on need

- Brief, one-time advice
- Links to other sources of information and resources
- Review your work or product
- Consultations
- Training sessions/workshops

Upon-request workshops

- All of our workshops are available upon request for groups as small as 30 and as large as 50
- Any coalition or agency can partner with PHO to host a workshop in their community
- We provide the facilitators at no cost and will work with you to help tailor, organize and promote the event

Public Health Ontario wishes to acknowledge and thank THCU staff and many partners who contributed to an earlier version of this document.

THCU (originally known as The Health Communication Unit, started in 1993 at the University of Toronto) moved to Public Health Ontario's Health Promotion, Chronic Disease and Injury Prevention Department in 2011.



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