Developing health communication campaigns

November 1, 2012 V3.19

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

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
Message review tool

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

<table>
<thead>
<tr>
<th>Health communication message review criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria</strong></td>
</tr>
<tr>
<td>1. The message will get and maintain the attention of the audience.</td>
</tr>
<tr>
<td>2. The strongest points are presented at the beginning of the message.</td>
</tr>
<tr>
<td>3. The message is not too long or complex for the audience or points out the actions you are asking them to take (Know what the intention is). The message includes having two action statements (To what extent do the audience have evidence for the incentives and any background information or definitions? (What)).</td>
</tr>
<tr>
<td>4. The action you are asking the audience to take is reasonably easy.</td>
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<tr>
<td>5. The message uses incentives effectively (more than one type of incentive is used, the audience needs about the incentive presented and the audience thinks the incentives are realistic and (What)).</td>
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<tr>
<td>6. Good evidence for threats and benefits is provided.</td>
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<tr>
<td>7. The message is seen as a credible source of information.</td>
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<tr>
<td>8. Messages are believable.</td>
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<tr>
<td>9. The message uses appropriate tone for the audience (for example, funny, serious, sincere).</td>
</tr>
<tr>
<td>10. The message uses an appropriate tone for the audience (for example, passionate, respectful). The appeal used, the audience is provided with an easy solution.</td>
</tr>
<tr>
<td>11. The message will not harm or be offensive to people who are not. This includes avoiding undue blaming.</td>
</tr>
<tr>
<td>12. Identity is displayed throughout.</td>
</tr>
</tbody>
</table>
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.

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)
Struck down

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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
Criterion 3: the message must be clear

Can the audience identify the main message points?

- What
- So what
- Now what
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.
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)
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)
• 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

Criterion 7: the messenger must be a credible source
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
<table>
<thead>
<tr>
<th>Criterion 8: messages must be believable</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Messages must be realistic</td>
</tr>
<tr>
<td>• They should not make extreme claims or use extreme examples</td>
</tr>
<tr>
<td>• Avoid highly dramatic episodes</td>
</tr>
<tr>
<td>• Do not provide misleading information</td>
</tr>
<tr>
<td>• The audience must believe the information is accurate</td>
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</table>

<table>
<thead>
<tr>
<th>Criterion 9: use an appropriate tone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Light</strong></td>
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<tr>
<td>• Humorous</td>
</tr>
<tr>
<td>• Whimsical</td>
</tr>
<tr>
<td>• Ironic</td>
</tr>
<tr>
<td>• Cheery</td>
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<tr>
<td><strong>Heavy</strong></td>
</tr>
<tr>
<td>• Angry</td>
</tr>
<tr>
<td>• Outrage</td>
</tr>
<tr>
<td>• Injustice</td>
</tr>
<tr>
<td>• Dramatic</td>
</tr>
</tbody>
</table>
STEVE PLAYS DRINKING GAMES. HE WON BIG LAST NIGHT.


Criterion 10: use an appropriate appeal

- Rational
- Emotional
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 labels.

Criterion 12: display identity throughout

- Identity:
- Defines
- Distinguishes
- Synergizes

A campaign identity includes

- A mission
- Vision
- A positioning statement/copy platform
- A slogan
- Name
- Images
- Logo
Criterion 12: display identity throughout

12 steps to developing a health communication campaign

- STEP 1: Project management
- STEP 2: Health promotion strategy
- STEP 3: Audience analysis
- STEP 4: Communication inventory
- STEP 5: Communication objectives
- STEP 6: Channels and vehicles
- STEP 7: Combining and sequencing
- STEP 8: Message strategy
- STEP 9: Identity development
- STEP 10: Production of materials
- STEP 11: Implementation
- STEP 12: Evaluation
Comprehensive health communication campaigns

- 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

- 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

• 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

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

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
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?

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

The segmentation process

- Identify variables
- Prioritize variables
- Map out possibilities
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

- 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

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?

<table>
<thead>
<tr>
<th>Who must change?</th>
<th>Audience segments with higher risk behaviours.</th>
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<tbody>
<tr>
<td></td>
<td>For example:</td>
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<tr>
<td></td>
<td>• People who smoke</td>
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<tr>
<td></td>
<td>• People with lower levels of physical activity</td>
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<tr>
<td></td>
<td>• People having unprotected sex</td>
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</table>

<table>
<thead>
<tr>
<th>What must change?</th>
<th>Personal behaviours</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What else must change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Knowledge</td>
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<tr>
<td>• Beliefs</td>
</tr>
<tr>
<td>• Attitudes</td>
</tr>
<tr>
<td>• Skills</td>
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<tr>
<td>• Self-efficacy</td>
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</tbody>
</table>
Set outcome objectives for four levels: social/network

<table>
<thead>
<tr>
<th>Who must change?</th>
<th>Opinion leaders of networks such as:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Families</td>
</tr>
<tr>
<td></td>
<td>• Groups of friends</td>
</tr>
<tr>
<td></td>
<td>• Colleagues</td>
</tr>
<tr>
<td></td>
<td>• Team mates</td>
</tr>
<tr>
<td></td>
<td>Members of networks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What must change?</th>
<th>The social environment</th>
</tr>
</thead>
</table>

| What else must change? | • Views                              |
|                       | • Behaviours                          |
|                       | • Frequency and content of conversations about a health issue within the network |

Set outcome objectives for four levels: organization

<table>
<thead>
<tr>
<th>Who must change?</th>
<th>Decision-makers in organizations such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Schools</td>
</tr>
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<td></td>
<td>• Worksites</td>
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<td></td>
<td>• Places of worship</td>
</tr>
<tr>
<td></td>
<td>• Primary health care settings</td>
</tr>
<tr>
<td></td>
<td>Anyone else who plays a role in adopting and implementing the practices, procedures and conditions of the organization (e.g., employees, unions, managers)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What must change?</th>
<th>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).</th>
</tr>
</thead>
</table>

| What else must change? | Views about costs and benefits of change |
|                       | Confidence and competence in developing effective health promoting policies, practices, procedures |

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Set outcome objectives for four levels: society

<table>
<thead>
<tr>
<th>Who must change?</th>
<th>Decision-makers for towns, cities, regions, provinces, countries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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)</td>
</tr>
<tr>
<td>What must change?</td>
<td>Societal practices, policies and procedures (e.g., access to healthy food at a reasonable price, access to housing, safe neighbourhoods, etc.)</td>
</tr>
<tr>
<td>What else must change?</td>
<td>Views about costs and benefits of change Confidence and competence in developing effective health promoting policies, practices, procedures</td>
</tr>
</tbody>
</table>

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

- How much
- Population of interest (who)
- Conditions (when)
- Well-written outcome objective

Example:

Triple the number of teenagers who are aware of the sexual health clinic by the end of the calendar year.
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
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

- **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

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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

Step twelve: complete the campaign evaluation
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 criteria
• Health communication outcomes. At the heart of good objectives and indicators
• Introduction to social media
Other recommended resources

• On social marketing and social change

• Building smart networks through network weaving

• New media and the future of public service advertising – case studies

• The new technology: the consumer as participant rather than target audience

Other recommended resources (continued)

• New media cases in cases in public health communication and marketing: the promise and potential

• Gateway to health communication and social marketing practice

• Making health communication programs work
Health promotion capacity building services

• Free to those working on Ontario-focused projects

• Service request form:
  • http://www.oahpp.ca/services/hpcdip-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.
References


References (continued)


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