Overview of Developing
Health Communication Campaigns Toolkit

Version 3.0
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Introduction

This tool kit accompanies THCU's Overview of Developing Health Communication Campaigns workshops, gathering handouts and worksheets in one convenient location for use during the event.

For each step in campaign development, we describe the nature of the task, give brief tips, and either include or reference available resources, tools and worksheets (including the comprehensive Overview of Developing Health Communication Campaigns workbook).

If you are interested in additional information on health communication, we invite you to visit the Information and Resources section of our website, http://www.thcu.ca. There, you will find a wealth of resources on the various types of communication and each of our 12 steps, including sample campaigns, an interactive campaign planner, presentations, and links to other web resources.

12 Steps to Developing a Health Communication Campaign

Project Management	Step 1: Project Management
Pre-Planning	Step 2: Revisit Your Health Promotion Strategy
	Step 3: Analyze and Segment Audiences
	Step 4: Develop Inventory of Communication Resources
Planning	Step 5: Set Communication Objectives
	Step 6: Select Channels and Vehicles
	Step 7: Combine and Sequence Communication Activities
Message Production	Step 8: Develop the Message Strategy
	Step 9: Develop Project Identity
	Step 10: Develop Materials
Implementation	Step 11: Implement Your Campaign
Evaluation	Step 12: Complete the Campaign Evaluation

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The Twelve Steps to Developing a Health Communication Campaign

	1 Project Management	2 Revisit Health Promotion Strategy	3 Audience Analysis	4 Communication Inventory	5 Objectives	6 Channels and Vehicles
	Develop plan to manage stakeholder participation, time, money, other resources, data gathering and interpretation, and decision-making. Plan to meaningfully engage stakeholders. Establish a clear decision-making process. Establish a clear timeline for creating the workplan. Establish a clear timeline 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. Include adequate time in workplan for data collection and interpretation.	*Establish and/or confirm a complete health promotion strategy.* Consider measurable objectives at all four levels (individuals, networks, organizations, and communities/societies) and ensure they are realistic, clear, specific, a strategic priority, measurable, attainable, and time-limited. 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.	*Collect the demographic, behavioural and psychographic characteristics of your chosen audience(s) and create an audience profile.* 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. Ensure you have a complete and compelling understanding of your audience.	*Make a list of the existing communication resources in your community and organization – including alliances and good relationships.* *Assess the strengths, weakness and possibilities of getting your message delivered through these 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.	*Identify the bottom-line changes you hope to accomplish.* Consider all four levels (individuals, networks, organizations, and communities/societies). Limit yourself to two to three objectives per level. Describe a change rather than an action step. Ensure objectives are SMART. Ensure objectives are a strategic priority.	*Chose vehicles that will carry your message(s).* 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.
Workbook Page	11	15	21	27	29	31
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Web Resources	Sample Step One Worksheets		Step 5-6-7 Worksheet		Step 5-6-7 Worksheet	Step 5-6-7 Worksheet

	7 Combining and Sequencing	8 Message Development	9 Identity	10 Production	11 Implementation	12 Evaluation
	Combine and sequence channels and vehicles across timeline.	*Determine what you will "say" to your intended audience(s) to reach your objectives and how you will say it.*	*Create an identity that will clearly communicate your image and your intended relationship with your audience.*	*Develop specs for each desired product, select and contract with suppliers, and manage production process.*	*Implement campaign.*	*Gather, interpret, and act upon qualitative and quantitative information throughout the 11 steps.*
	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. Build in existing events but be ready for the unexpected. Balance your timing so that you get repetition but avoid fatigue. Apply the rule: 3 messages, 3 times, 3 different ways. Link with large issues that are capturing the public agenda. Opportunities to integrate activities are important. That is, a single activity can be designed and delivered to have impact at all 4 levels.	This is a key part of the specs for any communication products. 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.	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. Start with the easiest Manage your identity.	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.		Throughout all steps, pay attention to clearly identifying stakeholder expectations, finding resources for the evaluation, and being sure your efforts are evaluable.

THCU
THE HEALTH COMMUNICATION UNIT
at the Centre for Health Promotion
University of Toronto

For more information

	Combining and Sequencing	Message Development	Identity	Production	Implementation	Evaluation
Workbook Page	43	45	51	55	59	61
Worksheet Page	91	92	93	94	98	99
Web Resources	Step 5-6-7 Worksheet	Message Review Tool				

Definitions of Health Communication

Definition One

- The process of promoting health by disseminating messages through mass media, interpersonal channels and events
- 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

— The Health Communication Unit

Definition Two

"Where good health promotion and good communication practice meet"

— from Irv Rootman and Larry Hershfield, "Health Communication Research: Broadening the Scope," in *Health Communication*, 6(1), 69-72.

Definition Three

Comprehensive communication campaigns
- are goal-oriented attempts to inform, persuade or motivate behaviour change;
- are ideally aimed at the individual, network, organizational and societal levels;
- are aimed at a relatively large, well-defined audience (i.e. , they are not interpersonal persuasion on a one-to-one or one-to-few level);
- provide non-commercial benefits to the individual and/or society;
- occur during a given time period, which may range from a few weeks (e.g., traffic information for an upcoming holiday weekend) to many years (e.g., Health Canada's anti-tobacco media campaigns);
- are most effective when they include a combination of media, interpersonal and community events; and,
- involve an organized set of communication activities. At a minimum, this involves message production and distribution.

— based on Everett M. Rogers, and J. Douglas Storey, "Communication Campaigns," in Charles R. Berger and Steven H. Chaffee (eds.) *Handbook of Communication Science*, Sage: Newbury Park, CA, (1988).

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Types of Health Communication

Persuasive or behavioural communication
http://www.thcu.ca/infoandresources/persuasive_communication.htm
Persuasive or behavioural communication includes efforts to persuade specific audiences to adopt an idea or practice. This includes social marketing techniques.

Risk communication
http://www.thcu.ca/infoandresources/risk_communication.htm
Risk communication is about helping people understand the nature and seriousness of a risk so that they can make an informed decision about how to deal with the risk. Ideally, risk communication is "an interactive process of exchange of information and opinion among individuals, groups, and institutions" (National Research Council, 1989).

Media advocacy
http://www.thcu.ca/infoandresources/media_advocacy.htm
Media advocacy is the strategic use of mass media to advance a social or public policy initiative (US Department of Health and Human Services, 1989).

Entertainment education
http://www.thcu.ca/infoandresources/entertainment_education.htm
Entertainment education involves using entertainment channels and vehicles, such as television shows, radio dramas, comic books, theatre, etc. to transmit persuasive messages and lessons about health or environmental issues.

Interactive health communication
http://www.thcu.ca/infoandresources/interactive_health_communication.htm
In their 2002 book, Speaking of Health: Assessing Health Communication Strategies for Diverse Populations, the Institute of Medicine provides the following definition of interactive health communication: "Interactive Health Communication is defined as the interaction of an individual—consumer, patient, caregiver, or professional—with or through an electronic device or communication technology to access or transmit health information or to receive guidance and support on a health-related issue (Patrick et al., 1999).

Development Communication
This type of communication is used for the purposes of international development work.

Participatory Communication
Participatory Communication involves your population of interest in the planning of your communication campaign.

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THE HEALTH COMMUNICATION UNIT

THCU's 12 Step Communication Model

Project Breakthrough

A Campaign to Reduce Stigma Attached to Mental Illnesses from the Canadian Psychiatric Research Foundation

August 31, 2006

Case Study Series 4

Background

Mental illness includes many types of mental disorders such as schizophrenia, major depression, panic disorder, obsessive compulsive disorder, bipolar disorder (manic depression), addictions, and eating disorders. People who suffer from mental illnesses are disadvantaged by a lack of research funding as well as a lack of compassion, understanding, and community resolve to assist them in coping with their illness. The Canadian Psychiatric Research Foundation (CPRF) is a national charitable organization founded in 1980 to raise and distribute funds for psychiatric research and awareness in Canada. CPRF supports long-term solutions to the enormous problem of mental illness. However, for 22 years CPRF has struggled to raise awareness about the need for psychiatric research funding.

Project Management

Time Management

Groundwork for the campaign began in July 2002. The campaign materials were produced during August and September 2002 for the launch in October 2002. All planning, including design and pre-testing, were completed within three months. Pre-campaign evaluation was done in October 2002 and post-campaign evaluations were done in June 2003.

Money and Other Resources

CPRF had no money to spend on a communication campaign. The entire effort was done on a pro bono basis. Various volunteer CPRF board members and Vickers & Benson Arnold, now known as Arnold Worldwide, a creative advertising agency, worked together to create ads and secure free media airtime and space. Several TV channels and other media organizations donated space and airtime.

With regards to staff time, Judy Hills, the executive director of CPRF, spent half of each day on the campaign for three months. CPRF's other two staff members helped with administrative duties. Arnold Worldwide also recruited more than 400 volunteers to assist with the production of TV, radio, and print ads.

Stakeholder Participation

CPRF's voluntary board of directors, comprised of senior business and community leaders and a professional advisory board of senior Canadian researchers provided input throughout the campaign development process. Ad agency Arnold Worldwide developed the campaign creative and Warwick Public Relations helped with the public/media relations aspects of the campaign, also for free.

Decision-Making Process

CPRF board members reserved the right to approve or veto campaign-related activities and materials, including the creative. However, it was one board member and Judy Hills who worked closely with the creative agency on a regular basis.

Data Gathering and Interpretation

A pre-campaign survey was conducted in October 2002 by Thompson Lightstone. The questions were added to an omnibus survey. The data that was collected from the survey was reported to Arnold Worldwide and informed development of the creative. Due to limited resources, CPRF did not gather any other data.

2 STEP Revisit Health Promotion Strategy

CPRF's Project Breakthrough included the following three components:

1. Communications Campaign
2. Fundraising Campaign
3. Political Support Initiative

The communications campaign was proposed to heighten interest in the plight of the mentally ill and the discrimination they face in society. It was hoped that this increased interest would provide "a window of opportunity" to boost fundraising for psychiatric research and increase political support for the issue.

3 STEP Audience Analysis and Segmentation

The audience was chosen based on CPRF's 22 years of experience as well as opinions obtained from organizations like the Heart and Stroke Foundation, Canadian Cancer Society, and other agencies that have experience with stigma-related advertising.

CPRF volunteers and staff have encountered many examples of stigma such as

- employees fearing to reveal an illness to their human resource professionals,
- parents referring to a child's suicide as "an accident,"
- companies preferring to be listed as "anonymous" on a list of donors to mental-illness related causes,
- mental-illness facility/organization employees preferring not to list their places of employment on home rental applications,
- mental health organizations being denied office space, and
- resistance by medical students to specialize in psychiatric research.

CPRF volunteers and staff also feel that most Canadian adults have little knowledge about mental illness and hold stereotypical images of the mentally ill in their minds (e.g., loonies wandering the streets in their pajamas yelling at newspaper boxes).

CPRF felt that the presence of this stigma was limiting donations for psychiatric research. Although most donors to CPRF are older adults, because of the wide range of audiences affected by the types of stigma listed above the target audience chosen for the campaign was the general public over age 25.

Due to time and financial limitations, no audience analysis data was collected.

4 STEP Communication Inventory

Following a casual meeting between Arnold Worldwide and one of CPRF's board members, Arnold Worldwide agreed to develop the creative and assist with implementation for free. The staff of Arnold Worldwide used their existing relationships to acquire free services and advertising time/space.

5 STEP Set Communication Objectives

Individual

- To decrease the stigma associated with mental illness in the general public over age 25 years

- To increase awareness in the general public over age 25 that mental illness research is severely underfunded

- To increase awareness about CPRF in the general public over age 25 so that public will be aware of CPRF when asked for donations

Network

- To increase the number of students in medical school who are involved in psychiatry research

Societal

- To increase government support for increasing financial resources in the healthcare system for the mentally ill

6 STEP Select Channels and Vehicles

CPRF implemented a multimedia campaign that included print, radio, and TV ads. Other printed campaign materials included brochures and press kits. The campaign resources including the audio-visual ads were available electronically on the CPRF web site at http://www.cprf.ca.

Combine and Sequence

The campaign was launched during the week of October 14, 2002, to build on Mental Illness Awareness Week, which was the week prior. Since media airtime and space were donated, CPRF could not follow a fixed timeline. The ads appeared as and when space and time were available.

A LOT OF PEOPLE GET CANCER BECAUSE THEY JUST CAN'T DEAL WITH REALITY.

IMAGINE IF WE TREATED EVERYONE LIKE WE TREAT THE MENTALLY ILL.

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

Canadian Psychiatric Research Foundation

MENTAL ILLNESS IS REAL. HELP US FIND A CURE.

Paid for by friends of the Canadian Psychiatric Research Foundation

Credit: Arnold Worldwide

Table 1: Campaign Timeline

Primary Audience: Public aged over 25 years
Goal: To eradicate stigma associated with mental illness and to raise funds for mental illness research

Step 5: Campaign Objectives		Step 6: Select...		Step 7: Combine and Sequence		
					2002	
Audience	Objectives	Channels	Vehicles	October	November	December
Individual Level						
General public over age 25 years	• To decrease the stigma associated with mental illness in the general public over age 25 years	Print	ads in community and national newspapers, brochure, magazine ads	ads continued to appear till spring 2004		
	• To increase awareness in the general public over age 25 that mental illness research is severely underfunded		news release FAQ sheet on CPRF fundraising information			
	• To increase awareness about CPRF in the general public over age 25 so that public will be aware of CPRF when asked for donations	Outdoor	wild postings			
		Radio	radio ads, call in shows			ongoing in 2004
		Audio-visual	TV ads, pre-movie theatre ads, TV interviews			
		Electronic media	online links to campaign materials			
Network Level						
Medical school students and peers	• To increase the number of students in medical school who are involved in psychiatry research	Print	ads in industry publications			
Societal Level						
Government	• To increase government support for increasing financial resources in the healthcare system for the mentally ill	Interpersonal	coalitions			ongoing in 2004

8 STEP Develop Messages

CPRF decided on the following key elements to be included in the campaign message.

Table 2: Message Elements

What	a.	Mental illnesses are at "epidemic proportions" in Canada; in fact one in five suffers from a mental disorder. In any given year, 37.5% of Canadians suffer from some form of mental disorder.
	b.	One in eight Canadians will be hospitalized for mental illness at some point in his/her life.
	c.	Mental illness is a legitimate medical condition, not a character flaw. However, the stigma and discrimination attached to mental illnesses create a situation where mental illness is kept in the closet.
	d.	Mental health care accounts for as much as 16% of healthcare costs, yet only five million of the 500 million dollars allocated for medical research goes to psychiatric research.
	e.	Many mental illnesses currently respond well to medical intervention.
	f.	Other medical interventions are possible and needed.
So What	a.	Uncontrolled/untreated mental illness comes with enormous costs to the economy and society. Health Canada estimates the annual economic burden of mental illness to be more than $13 billion per year.
	b.	Given the prevalence, you, or someone you know may now or in the future be challenged by a mental illness. Nearly 4,000 Canadians die by suicide each year.
Now What	a.	Acknowledge that, like any serious affliction, people with mental illness can't get better by themselves.
	b.	Donate to the Canadian Psychiatric Research Foundation to help research mental illnesses in the hope of finding cures.

9 STEP Develop Identity

The logo of the CPRF appeared on all campaign resources.

10 STEP Production

CPRF provided Arnold Worldwide with information about mental illness statistics, opinions on target audiences, and creative ideas obtained from organizations such as Heart and Stroke Foundation, Canadian Cancer Society, and other agencies that had experience with stigma-related advertising.

In addition to the information noted above in Step 8, CPRF produced the following creative brief.

Creative needs to have high impact and be emotionally evocative

CPRF realized that getting their desired end product might be difficult because the creative services were donated. Since the ability to exercise control was limited, it was important to be very clear from the beginning about what they wanted and to only work with a firm that was sensitive about the intended audience and product.

a. to challenge people's existing perceptions by juxtaposing judgmental views about mental illness with the compassionate and understanding attitudes that surround other devastating afflictions such as being hit by a car, cancer, or heart disease;

b. to get media to want to donate quality space/air time;

c. to garner pro bono support (i.e., people wanting to get involved for personal reasons);

d. so that production suppliers want to be associated with creative and donate their time/resources;

e. to stand out from PSA clutter; and

f. to get public relations coverage.

The above needs were translated by Arnold Worldwide into the creative idea "Mental illness is a real disease so why don't we treat it seriously." The campaign slogans, "Mental illness is real. Help find a cure" and "Imagine if we treated everyone like we treat the mentally ill," combined with the visual elements of the creative, were developed to communicate this creative idea. The tone was intended to be informed, provocative, challenging, unpatronizing, and empathetic.

Radio and television ads and a CPRF media kit are available at http://www.cprf.ca/ in their media centre.

Radio ad transcripts are included in Appendix A (p 16).

In order to provide media with the flexibility to use the campaign lines within any available time and space, Arnold Worldwide produced three different print ads, a 30-second and a 60-second TV ad, and three different radio commercials, each with a 30-second and 60-second version. All the campaign materials were produced during August and September 2002 for the October launch following Mental Awareness Week. Print ads were also produced in French. Arnold Worldwide also recruited production companies, talent, and other suppliers.

11 Implementation

The multimedia campaign consisting of print, television, and radio ads was launched nationwide the week of October 14, 2002, in 43 radio stations, popular TV channels, and consumer and business magazines. The French print ads also went out in October. The date was chosen to build on Mental Illness Awareness Week, which started on October 7.

Since media space and airtime were donated, ad placement was determined by individual channels and stations as space/time was available. *Arnold Worldwide* coordinated the ad placements with the help of the board of directors. There was an initial surge in the placement of ads from October to December 2002, after which the ads continued to run in assorted magazines throughout 2003 and 2004 as space and airtime were available. The campaign appeared not only in Canada but also in few US states.

The following organizations donated pro bono space and time:

- Communications—Southside Studios, Radke Films, Powerhouse Casting, School Editing, Crush, Manta, Keen Music, Guerilla TV, Warwick Public Relations, and Thompson Lightstone & Company

- Media—CanWest Global Communications Corp. (print, TV, and online support), Rogers Media Inc. (print, radio, and TV support), Toronto Star Newspapers Limited., The Globe and Mail Ltd, Time Canada Ltd., Canadian Business Media Ltd; Relevant Communications Inc, Grassroots, Multi-Vision Publishing Inc., and TransContinental Yorkville

Warwick Public Relations developed a public/media relations strategy in order to maximize the advertising message through editorial coverage. Press kits that were distributed to media during the week of October 14 included a news release, backgrounder on CPRF, FAQ sheet on CPRF, fundraising information, samples of print ads, and a bio on the executive chairperson on the CPRF board.

CPRF also provided speakers for interviews on radio and TV and for editorials, articles, etc. Interviews were requested by the media stations in response to the media releases. Profiles of mental illnesses were produced by members of CPRF's Professional Advisory Board and Arnold Worldwide. Illnesses like postpartum depression, schizophrenia, and other mood disorders were profiled as requested.

Table 3: Campaign Overview

Step Five Set Communication Objectives	Step Six Select Channels and Vehicles	Step Seven Implementation Details
Individual		
To decrease the stigma associated with mental illness in the general public over age 25 years To increase awareness in the general public over age 25 that mental illness research is severely under-funded To increase awareness about CPRF in the general public over age 25 so that public will be aware of CPRF when asked for donations	**Print** / ads in community and national newspapers, brochure, magazine ads **Print** / news release, FAQ sheet on CPRF, fundraising information **Outdoor** / wild postings (outdoor ads that appear in non-traditional places, such as construction sites)	The pro-bono multi-media campaign was launched in October 2002 following Mental Illness Awareness Week. The initial surge of free coverage/placement lasted till December 2002. Press kits were distributed nationally the week of October 14, 2002.
	Radio / 30-sec. and 60-sec. ads, call-in shows	The airing of radio ads is ongoing after an initial surge from October to December 2002.
	Audio-Visual / 30-sec. and 60-sec. TV ads, pre-movie (theatre) ads, TV interviews	Media stations requested interviews in response to news release in October 2002. As requested by interviewers, CPRF provided information on different mental illnesses. Postpartum depression was profiled to City TV's Cityline in Fall 2002.
	Electronic Media / online links to campaign materials	Developed links to print, radio, and TV ads on the CPRF website in October 2002.
Network		
To increase the number of students in medical school who are involved in psychiatry research	**Print** / ads in industry publications	Ads appeared in the Journal of the Canadian Psychiatric Association.

Step Five **Set Communication Objectives**	Step Six **Select Channels and Vehicles**	Step Seven **Implementation Details**
Societal		
To increase government support for increasing financial resources in the healthcare system for the mentally ill	**Interpersonal communications** / coalitions	In Fall 2002, CPRF joined the Canadian Alliance for Mental Illness and Mental Health (CAMIMH) and the Council for Health Research to seek support for a national strategy and increased funding for research. Coalition activities are ongoing. Prior to launch, CPRF Board members notified political leaders of the upcoming campaign and requested a political (i.e., financial) response.

Credit: Arnold Worldwide

12 Evaluation

Formative Evaluation

In October 2002, Thompson Lightstone did a pre-campaign survey of attitudes and awareness by adding questions to an omnibus survey. The report went to Arnold Worldwide and informed the creative development.

Due to limited time and budgets, additional formative evaluation activities like creative pre-testing were limited to obtaining opinions from the Heart and Stroke Foundation, Canadian Cancer Society, the Rick Hansen Institute, and other organizations that had experience with stigma-related advertising. CPRF approached these organizations for general advice as well as input on the appropriateness of the ads. The organizations understood what CPRF wanted to do but cautioned that the ads might get negative responses.

Process Evaluation

The public response to the campaign was mostly favorable but in some cases negative. For instance, Canadian Cancer Society wrote to CPRF on behalf of one of their members who felt offended at the comparison between cancer and mental illness. On a similar note, CBC refused to run the TV commercial, calling it very "violent." However, the overall outcomes were positive (please see the section on summative evaluation below).

CPRF tried to use Nielson ratings (which estimate audience numbers for TV programs) to determine when and where the ads were screened. However, detailed information was not available. Nielson confirmed that CPRF ads were also running in few US states, including New Jersey, Washington, and Ohio.

Since November 2002, the following groups and individuals within the mental illness/ health sector have called to congratulate CPRF and to request permission to use the campaign in their efforts to eradicate stigma. Even emergency room personnel in British Columbia and Ontario contacted CPRF to ask for ads that could be placed in emergency rooms to boost morale of psychiatric nurses and to reinforce that administering emergency services to a mentally ill patient is critical.

Mental Health Groups Wanting to Use Ads

- Schizophrenia Society of Canada – National (British Columbia, Saskatchewan, Manitoba)
- Canadian Mental Health Association
- Hospital Emergency Rooms – British Columbia, Ontario
- Nursing associations
- Aboriginal health groups
- Nortel: Occupational Health Nurse
- Doctors' offices
- National Association for Mental Illness (NAMI – USA)

- Youth Group (YEAH) in British Columbia
- Parents Life Line of Eastern Ontario
- ABC Canada

The Canadian military launched a program to help personnel suffering from post-traumatic stress syndrome and other mental illnesses. CPRF was asked to work with them on anti-stigma initiatives.

The campaign also improved the CPRF's credibility in the mental health research community. Below are few accomplishments:

- CPRF's radio ad, "911," won a United Nations Department of Public Information Award.
- CPRF was asked to prepare a brief for the Senate – The Standing Committee on Social Affairs, Science and Technology – Mental Health and Mental Illness.
- CPRF was approached to join several coalitions working to increase attention to mental illness and mental health promotion at all levels of Canadian society.
- The media calls for information and access to researchers increased dramatically and CPRF is referred to in articles about mental illness.
- Institute for Neurosciences, Mental Health and Addiction became a partner in the campaign.
- Canadian Psychiatric Association presented the 2002 Mental Illness Awareness Week Award to CPRF for the innovative ad campaign.
- The radio ads won a One Show Silver Pencil Award and a New York Festival Radio Gold Award.

Another positive side benefit of the campaign was that students from the Rotman School of Business and the College of Art & Design came together in spring 2004 to work on a follow-up campaign for CPRF, which could build on the existing campaign.

Summative Evaluation

The most important outcome of the campaign was that CPRF started receiving phone calls and emails pledging support and donations as soon as the campaign was launched. In addition, Kaleidovision conducted a post-campaign research study in June 2003 using both qualitative and quantitative methods to determine campaign effectiveness. The study was done pro bono.

Kaleidovision assembled 79 (74% female, 26% male) voluntary participants for the study; 49% were under 40 years of age while the rest were 40 or above.

The quantitative aspect of the study involved a set of questions on campaign exposure and perceived effectiveness. Participants were shown the ads and then they responded to questions using a hand-held electronic device. Responses were as follows:

- 33% of the participants claimed that they were aware of at least one ad, usually a TV ad
- 38% felt that the campaign would have an extremely strong impact
- 38% felt that it would have a strong impact
- 49% felt that it forced people to think and re-evaluate their feelings and perspective about mental illness; 91% agreed it is "very important to get this message out"
- 78% agreed that the campaign did a good job of getting the message across
- 68% felt the campaign was informative
- 92% felt it was interesting
- 96% felt it was attention getting
- 82% felt it was shocking but appropriate

On all dimensions, the exceptionally few negative responses were all linked to a resistance to the shock, a personal distaste.

Qualitative focus group data was also collected. The same 79 people participated. Participants were split roughly 50/50 on whether they felt funds generated from the campaign should be used for research or for helping victims. Most felt funding for this issue should be a joint responsibility of government/charitable organizations.

Some of the participant comments are shown below:

- "I felt humble and a little guilty."
- "It makes us aware there is a continuing prejudice ongoing. We should do something to limit this."
- "This campaign is dynamite. It jolts us into reality."
- "A good way of portraying the lack of care."
- "Although the ads are humorous they made me very sad…an excellent way of getting the message across."

For More Information

For more information about Project Breakthrough, please contact

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Appendix A

Radio Ad Transcripts

Cry for Help

30-second ad

Doctor: Mr. and Mrs. Bell, I'm afraid your son won't walk again.

Mr. Bell: Won't…walk? What is that, some sort of cry for help?

Doctor: Well no, that's not what I'm saying.

Mrs. Bell: He probably just doesn't want to go to school?

Doctor: Ma'am, this is very serious!

Mrs. Bell: Well he can't just lie around all day looking for sympathy.

Mr. Bell: Yeah. That's just not the way the world works.

Announcer: Imagine if we treated everyone like we treat the mentally ill. This message from the Canadian Psychiatric Research Foundation. Mental illness is real. Help us find a cure.

60-second ad

Doctor: Mr. and Mrs. Bell, we've looked over all the test results. I'm afraid it doesn't look good. Your son will never walk again. I'm sorry.

Mr. Bell: Won't…walk? What is that, some sort of cry for help?

Doctor: Well no, that's not what I'm saying. This condition is typically what—

Mrs. Bell: I feel so guilty. I should have seen this coming.

Doctor: Actually ma'am, you can't predict these situations. In my experience, it's always—

Mr. Bell: Maybe the kid just doesn't want to go to school?

Mrs. Bell: You know, Jack, you could be right.

Doctor: Mrs. Bell, I don't think that's the case.

Mrs. Bell: Well our son can be quite lazy. He probably just wants to stay at home for a while.

Doctor: What we're talking about here is very serious!

Mr. Bell: But we don't want to encourage this kind of behaviour, do we?

Mrs. Bell: He has to learn that he can't just lie around and have everyone wait on him hand-and-foot.

Mr. Bell: Yeah. That's just not the way the world works.

Announcer: Imagine if we treated everyone like we treat the mentally ill. This message from the Canadian Psychiatric Research Foundation. Mental illness is real. Help us find a cure.

911

30-second ad

Call Centre: [beep] Emergency.

Woman: Oh my god! A man just got hit by a car!

Call Centre: Calm down, ma'am. Is he bleeding?

Woman: Umm…no.

Call Centre: He's fine, then.

Woman: No, I—I just saw him get hit.

Call Centre: Don't worry ma'am, he's just looking for attention.

Woman: Really?

Call Centre: Yeah. Just walk away. He'll get over it.

Woman: Okay.

Announcer: Imagine if we treated everyone like we treat the mentally ill. This message from the Canadian Psychiatric Research Foundation. Mental illness is real. Help us find a cure.

Evaluation Options Based on Available Resources

Type of Evaluation	Minimal Resources	Modest Resources	Substantial Resources
Formative	Readability Test	Central location (e.g., review of adherence to program plans)	Focus Groups, Individual In-depth Interviews
Process	Recordkeeping (e.g., monitoring activity timetables)	Program checklist (e.g., review of adherence to program plans)	Management Audit (e.g., external management review of activities)
Summative (Outcome)	Activity Assessments (e.g., numbers of health screenings and outcomes, or program attendance and audience response)	Progress in Attaining Objectives Monitored (e.g., periodic calculation of percentage of target audience aware, referred, participating)	Assessment of Target Audience for Knowledge Gain (e.g., pretest and post-test of change in audience knowledge)
Summative (Impact)	Print Media Review (e.g., monitoring of content of articles appearing in newspapers)	Public Surveys (e.g., telephone surveys of self-reported behaviour)	Studies of Public Behaviour / Health Change (e.g., data on physician visits, or changes in public's health status)

60-second ad

[static]

Call Centre: Emergency. What are you reporting?

Woman: Oh my god oh my god! A man just…got hit by a car!

Call Centre: Okay ma'am, can you tell me where you are?

Woman: Umm…I'm at Oak and Sixteenth. God, just send an ambulance, please!

Call Centre: Okay ma'am, I'm going to need you to calm down. Can you see the man who got hit?

Woman: Uh…um, yes.

Call Centre: Is he bleeding?

Woman: What?!

Call Centre: Can you tell if he's bleeding?

Woman: Umm…no, he's not bleeding.

Call Centre: But he's alive?

Woman: I—I think so. H—he's breathing.

Call Centre: He's probably fine, then.

Woman: But I saw him get hit.

Call Centre: Don't worry, ma'am. He's probably looking for attention.

Woman: [pause]   A—are you sure?

Call Centre: Oh yeah. Either that or he just doesn't want to go to work.

Woman: Really?

Call Centre: Yeah. Just walk away. He'll have to learn to deal with his problems like everyone else.

Woman: Okay.

Call Centre: Really, it's for his own good.

Announcer: Imagine if we treated everyone like we treat the mentally ill. This message from the Canadian Psychiatric Research Foundation. Mental illness is real. Help us find a cure.

Time Off

60-second ad

[knock knock]

Boss: Oh hi, Jack. Come on in. Have a seat.

Jack: Uh…Mr. Harris, I'd like to ask for some time off work.

Boss: Mm-hmm.

Jack: I…I just found out I have cancer.

Boss: Wow, Jack. Uh [laughing] you look just fine to me.

Jack: Yeah. But the th—thing is—

Boss: I mean are you really any different today than you were yesterday?

Jack: Well—

Boss: Because, Jack, the show must go on. There's work to be done.

Jack: I—I know, Mr. Harris. I—I just think I need some time off.

Boss: [sigh] Sure, Jack. But you have to know that this won't help your career anyhow. I didn't get where I am lying around at home feeling sorry for myself.

Jack: Mr. Harris, I'm not—

Boss: Really, Jack. Now I thought more of you than this. You're gonna have to pull it together, guy. We all have days where we don't feel so great but it doesn't mean you get to take a holiday.

Announcer: Imagine if we treated everyone like we treat the mentally ill. This message from the Canadian Psychiatric Research Foundation. Mental illness is real. Help us find a cure.

Step 1: Project Management

Nature of Task

•   Develop plan to manage stakeholder participation, time, money, other resources, data gathering and interpretation, and decision-making.

Tips

•   Plan to meaningfully engage stakeholders.
•   Establish a clear decision-making process.
•   Establish a clear timeline for creating the workplan.
•   Establish a clear timeline 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. Include adequate time in workplan for data collection and interpretation.

Tools

•   *Workbook—p11*
•   *Worksheet—p80*
•   *Web Resources—Sample Step One Worksheets*

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Preplanning	Estimated Time Required
Step 1: Get Started	
Step 2: Health Promotion Strategy	
Step 3: Audience Analysis	
Step 4: Inventory of Communication Resources	
Planning	
Step 5: Communication Objectives	
Step 6: Vehicles and Channels	
Step 7: Combine and Sequence Activities	
Step 8: Message Development	
Step 9: Project Identity	
Production	
Step 10	
Implementation	
Step 11	
Evaluation	
Step 12	
Total Time Required:	

Step One Project Management
Scenario A – A Well-Resourced Campaign

Characteristics of a Well-Resourced Campaign

Process Overview

Preparing for Meeting	*During Meeting*

Meeting 1 – Project management, logic model background, and determining audience

Preparing for Meeting	*During Meeting*
- Review workbook. - Fill in project management worksheet. - Draft decision-making process. - Pull together information on health promotion strategy.	- Approve project management work-plan. - Approve decision-making process. - Draft logic model (summarizing health promotion strategy). - Determine audience and topic for communication campaign.

Meeting 2 – Audience analysis and existing opportunities

Preparing for Meeting	*During Meeting*
- Assemble audience analysis information. - Assemble existing campaign material. - Circulate logic model for review. - Compile list of existing opportunities on which to piggy-back - Compile list of existing communication resources. - Collect sample identities from other campaigns.	- Review audience analysis profile with team. Identify gaps and how to fill them. Narrow audience if necessary. - Finalize logic model - Finalize list of existing opportunities. - Finalize list of existing communication resources. - Review project management plan. Adapt if necessary.

Meeting 3 – Expansion of audience analysis profile, collection of sample materials, and objective development

Preparing for Meeting	*During Meeting*
- Continue to collect existing campaign materials. - Draft tools and protocols for collecting audience info. - Review tools and protocols with experts. - Finalize tools and protocols over teleconference. - Collect audience analysis data. Integrate into a profile.	- Finalize audience analysis profile. - Discuss project directions based on audience profile. - Draft objectives. - Review project management plan. Adapt if necessary.

Meeting 4 – Objective Refinement and Channel/Vehicle Selection and Sequencing

Preparing for Meeting	*During Meeting*
- Type up objectives and send to team for review. - Review objectives with experts.	- Finalize objectives. - Brainstorm channels and vehicles. Prioritize. - Put existing opportunities and planned activities on timeline. Sequence and combine. - Review project management plan. Adapt if necessary.

Meeting 5 – Sequencing and Message and Identity Strategy Development

Preparing for Meeting	*During Meeting*
Type up campaign sequence. Share with team. - Finish collecting materials from other campaigns. - Finish collecting sample identities from other campaigns.	- Finalize campaign sequence. - Identify message strategy and approach. Complete step 8 worksheet. - Critique and rank existing materials. Select and outline adaptations for existing materials, or rule out existing. - Complete step 9 identity worksheet. - Review existing identity (if it exists) for adequacy. - Review project management plan and adapt if necessary.

Step One Project Management
Scenario A – A Well-Resourced Campaign

Characteristics of a Well-Resourced Campaign

Process Overview

Preparing for Meeting	*During Meeting*

Meeting 6 – Production and Message and Identity Development

• Draft creative brief for production of new identity. Circulate.	• Finalize creative brief for identity.
• Draft creative brief for development of campaign materials.	• Brainstorm ideas about identity pre-testing tool and protocol.
• Draft RFP (s) to develop new identity and campaign materials. Circulate for feedback.	• Finalize creative brief for campaign materials.
• Identity possible suppliers and plan where to post RFP.	• Finalize RFP, list of possible suppliers, plan for where to post RFP and supplier selection process.
• Draft supplier selection criteria. Circulate for review	• Brainstorm about material pre-testing tool and protocol.
	• Brainstorm ideas about campaign outcome evaluation plan.
	• Review and adapt project management worksheet plan.

Meeting 7 – Pre-testing Tools and Protocols and Preliminary Design Feedback and Pre-Testing Plan

• Draft pre-testing tool and protocol for draft identity designs. Send to team and experts for review.	• Review draft identity designs. Collect team feedback for designers.
• Work with suppliers to get draft identity designs. Circulate.	• Finalize draft identity design pre-testing tool and protocol.
• Post RFP, review responses according set criteria and select suppliers.	• Review draft campaign materials. Collect team feedback for designers.
• Write up contracts and get them signed by appropriate people.	• Finalize pre-testing tool and protocol for draft campaign materials.
• Work with suppliers to get draft campaign materials. Circulate.	• Finalize outcome evaluation plan and tools.
• Draft campaign material pre-testing tool and protocol. Circulate.	• Review project management worksheet plan. Adapt as necessary.
• Type out outcome evaluation plan and draft tools. Circulate.	

Meeting 8 – Pre-testing and Determining pre-testing implications

• Get revised identity designs from designers (based on stakeholder feedback).	• Discuss pre-test results for identity designs and decide on direction to give supplier.
• Conduct pre-testing of identity designs.	• Discuss pre-test results for campaign materials and decide on direction to give supplier.
• Compile results of identity design pre-testing. Circulate.	• Review project management worksheet plan. Adapt as necessary.
• Get revised campaign materials from designers.	
• Conduct pre-testing of draft materials.	
• Compile results of campaign material pre-testing. Circulate.	

Meeting 9 – Final production and On Our Way!

• Finalize identity materials design with supplier based on pre-test results.	• Finalize any campaign implementation details.
• Finalize campaign materials design with supplier based on pre-test results.	• Review project management worksheet plan. Adapt as necessary.
• Produce campaign materials.	

Step One Project Management
Scenario B – Limited Resources

Characteristics of a Limited Resources Campaign

- This is the minimum level of resources required to achieve change through a health communication campaign.
- Use existing experience for audience analysis.
- Use and/or adapt existing materials.
- Requires 100 hours of a coordinator's time; 10–15 weeks; and three ½-day and one full-day meeting.

Process Overview

Preparing for Meeting	*During Meeting*

Meeting 1 – Project management and logic model background

- Review workbook. - Complete project-management worksheet. - Draft decision-making process for the project. - Draft logic model of your health promotion strategy.	- Determine intended audience(s) and topic for communication campaign. - Finalize project-management plan. - Finalize decision-making process. - Finalize logic model.

Meeting 2 – Audience analysis and existing opportunities

- Start collecting materials from campaigns on same topic. - Create audience profile from existing audience-analysis information. - Compile list of existing opportunities. - Compile list of existing communication resources.	- Develop the audience analysis profile further using the intuition of your group. Narrow the audience if it is too broad. - Finalize list of communication resources. - Finalize list of existing opportunities. - Review project management worksheet plan. Adapt if necessary. (Repeat at each subsequent meeting.)

Meeting 3 – Expansion of audience analysis profile and collection of sample materials

- Expand the audience analysis profile. - Finish collecting materials from other campaigns done on same topic. - Collect sample identities from other campaigns/projects.	- Finalize audience analysis profile with team. - Draft campaign objectives. - Brainstorm channels and vehicles. Prioritize and choose. - Identify existing opportunities on a timeline. Sequence and combine with campaign activities. - Fill out THCU's step 8 worksheet. - Critique and rank existing materials. Make final choices and determine adjustments. - Complete step 9 worksheet. Review existing identity. Identify adaptations. - Discuss general process-evaluation plan.

Meeting 4 – Stakeholder review process

- Review objectives with planning and evaluation experts. - Type up message strategy and inform stakeholders. - Type up identity strategy and inform stakeholders. - Type up campaign sequence. - Produce materials and send to team for sign-off. - Type up process-evaluation plan and send to stakeholders and experts for review.	- Finalize implementation details. - Finalize process evaluation details.

Levels of Stakeholders
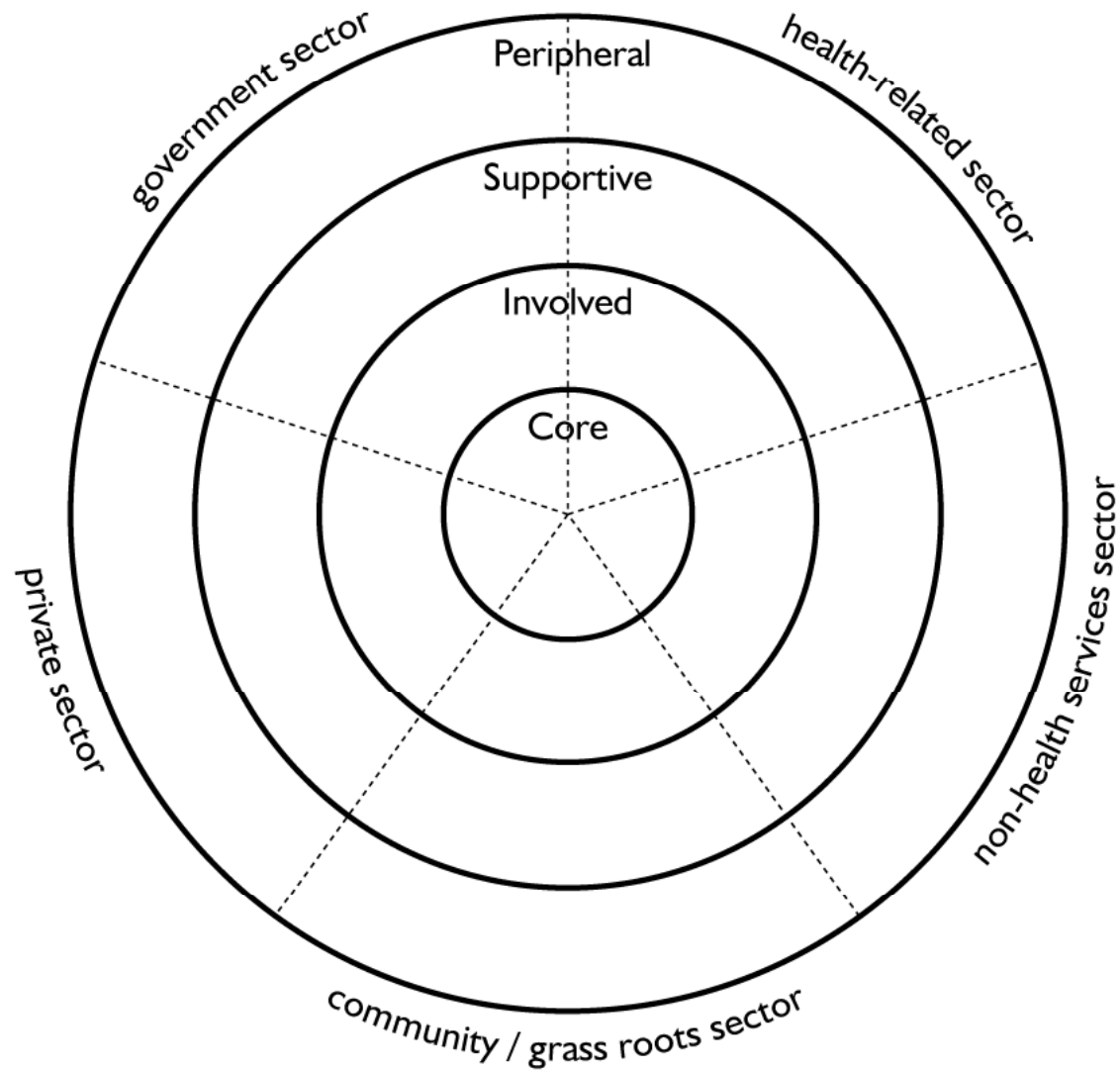
Do's and Don'ts of Working with Stakeholders

Do's

Input and Involvement

- Get initial input from stakeholders & check in regularly
- Listen to stakeholders and follow through on input they give
- Involve stakeholders at a meaningful & appropriate time rather than having them there as a token
- Listen to the voices from the community Involve a broad spectrum of stakeholders including consumers/clients/target audience
- Use small groups such as sub committees with specific skill sets to maximize efficiency of donated time of stakeholders
- Continue relationship after specific input collection efforts
- Be sensitive about culture/gender/language differences – appreciate diversity!
- Remember NOT everyone is a health professional, respect the input of everyone who is working toward a common goal

Goals and Objectives

- Establish agreement about objectives and goals, roles and responsibilities
- Know what objectives you are working towards, and feel empowered to do so
- Keep stakeholders focused on project rather than their own agendas
- Know goals/politics/agendas of stakeholders
- Stick to your agenda
- Make sure there is a workplan that everyone understands and agrees to Use a logic model

Mutual Benefits

- Explain how stakeholders can benefit Provide participation incentives (i.e. childcare, transportation – based on needs)
- Feed them!
- Get stakeholders to bring resources e.g. other stakeholders

Decision-making and Operations

- Know your limitations e.g. Budget
- Keep detailed minutes and follow-up on action items
- Be clear about role of stakeholders in decision-making process (and decision-making process itself!)
- Have meetings on neutral ground
- Have Terms of Reference
- Be flexible with meeting time schedules
- Sometimes need to bend rules & think out of box
- Evaluate process and impact of stakeholder involvement!

__Don'ts__

Input and involvement

- Don't force involvement if group is not ready
- Don't surprise the community by not consulting or ignoring your stakeholders
- Don't assume community doesn't have knowledge
- Don't impose your ideas
- Don't limit ideas
- Do not let a stakeholder push own agenda
- Don't charge rules/objectives/plan without informing others
- Do not disregard people's views (even if you disagree)
- Don't dominate the group

Decision-making and operations

- Don't get lost in the planning process
- Don't rush into implementation before you finish planning
- Don't take short cuts

Working With Stakeholders – Workshop Participant Ideas

Step 2: Revisit Health Promotion Strategy

Nature of Task

• Establish and/or confirm a complete health promotion strategy.

Tips

• Consider measurable objectives at all four levels (individuals, networks, organizations, and communities/societies) and ensure they are realistic, clear, specific, a strategic priority, measurable, attainable, and time-limited.
• 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.

Tools

• *Workbook—p15*
• *Worksheet—p85*

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Step 2: Develop Goal and Objectives

Goal of the Project

Audiences   *Key aspects that need attention*

Objectives

Developing a Multi-Level Health Promotion Strategy

Level	Bottom line target for change (objective)	Relevant theories	Factors affecting bottom line	Principle audiences
Individual	Maintaining a personal behavior change	Stages of Change Health Belief Model	An individual's knowledge beliefs, attitudes, skills, and self efficacy	Segments most in need of change (based on demographics, psychographics, etc.) such as men, children, low income groups, smokers, and homeless people
Network	State of the social environment	Diffusion of Innovations Theory	Views of network opinion leaders Frequency and content of conversations about a heath issue within a network	Opinion leaders of networks such as families, groups of friends, colleagues, and team mates
Organization	Policies	Organizational Theory	Cost/benefits to industry General industry trends	Decision makers (primary) or employees, unions, customers (secondary) of organizations such as schools, worksites, places of worship, and primary health care settings
Society	Formal Laws	Social Change Theory	Actions of special interest groups Media coverage Public opinion	Elected officials (primary) or the public, special interest groups, media (secondary) of a town, region, province, and country

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Rationale

Three Approaches to Communication – Media, Interpersonal Communication, and Events
The combination of these three approaches has been found to be most effective. They work together to reinforce each other:

- Media are an appropriate approach for certain objectives of communication campaigns, but not all. For instance, limited involvement or interaction is only possible through mass media. For this reason, a combination of mass media and interpersonal communication tends to be more effective. Interpersonal communication often flows from media messages, as opinion leaders and others share what they have learned, endorse messages, and otherwise enhance the impact of the media activities.
- Interpersonal communication allows for much greater participation where interaction and feedback are required. It is often enhanced by the use of audio-visual aids, props and other forms of multimedia.
- Events combine both media and interpersonal communication and are often promoted and reported on through the media (e.g., news and features). Events are designed to be newsworthy. For this reason, media coverage is a key objective and indicator of success. This type of combined approach reaches large numbers of people but also provides opportunities for participation through interpersonal communication.
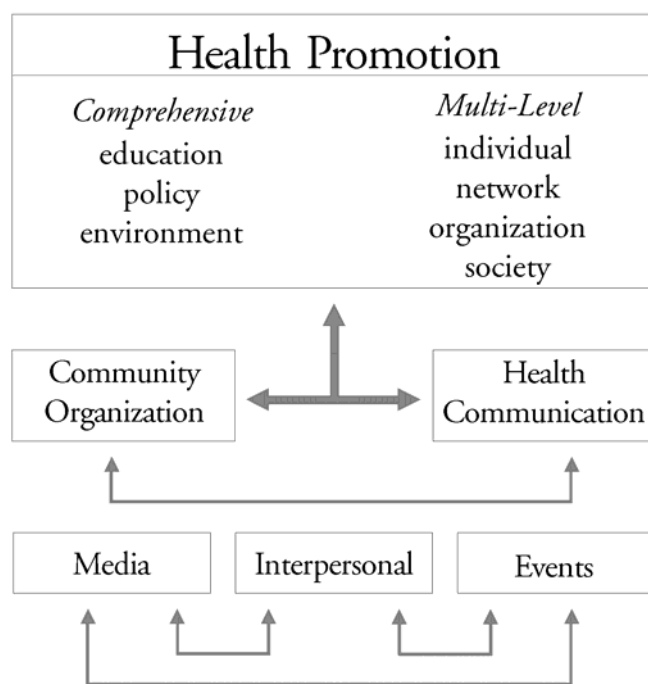
Health Communication as Part of Health Promotion

- Good health promotion is comprehensive and multi-level.
- Community organization and health communication complement each other and support health promotion.
- Health communication is most effective when media, interpersonal communication and events are used together.

Health Communication and Community Organization are Complementary

- Community organization strengthens health communication.
- Health communication strengthens communication organization.
- Health communication and community organization support health promotion.

Health Communication and Community Organization Support Health Promotion
A combination of community organization and health communication facilitates comprehensive multi-level health promotion by

- providing education at the individual, network, organizational and societal levels;
- influencing public opinion and other forms of advocacy essential to creating a climate for policy change; and
- enhancing networks and social support, which are key elements of environmental support.

Working With the Four Levels

Level	What is the cause?	Who is to blame?	Amount of change possible?	Related to mandate?	Conclusions
Individual					
Network					
Organization					
Society					

Step 3: Audience Analysis

Nature of Task

• Collect the demographic, behavioural and psychographic characteristics of your chosen audience(s) and create an audience profile.

Tips

• 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.
• Ensure you have a complete and compelling understanding of your audience.

Tools

• *Workbook—p21*
• *Worksheet—p86*
• *Web Resources—Step 5–7 Worksheet*

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Step3: Audience Analysis   Audience: [   ]

Demographics

Behavioural Characteristics

Psychographic characteristics

Menu of Audience Analysis Questions

Demographic

- Gender
- Age ranges
- Most typical or representative occupation
- Income range
- Range of formal education
- Family situation
- Where they live and work
- Cultural Characteristic

Behavioural

- Actual current behaviour
- Benefits they derive from their behaviour
- Readiness for change
- Social or medical consequences experiencing already

Psychographic

- Fundamental values and beliefs
- Key personal characteristics
- Where they get their health-related information
- What organizations and social networks do they belong to
- How they spend their time and $

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Audience Segmentation Worksheet

	Population			
Variable One				
Variable Two				
Variable Three				

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Audience Analysis Techniques

Qualitative

- focus groups
- consultations
- observation
- cybertours
- lurking
- diaries and journals
- collages
- bedroom tours
- interviews
- media outlet profiles

Quantitative

- questionnaires (mail, telephone, on-line)
- web search patterns

Sources of Audience Analysis Information

Qualitative				Quantitative			
Existing		New		Existing		New	
Low Cost	High Cost	Low Cost	High Cost	Low Cost	High Cost	Low Cost	High Cost

Resources to Help Create an
Audience Analysis Profile of Francophones

	Resource	Author	Date	To Access
1.	5 statistical profiles -Francophones in Ontario - General profile -Racial Minorities in Ontario -Seniors in Ontario -Francophone Women in Ontario -Francophone Youth in Ontario	The Office of Francophone Affairs	2005	http://www.ofa.gov.on.ca/english/stats.html
2.	Deuxième rapport sur la santé des francophones de l'Ontario	OPHA	2005	http://www.sdhu.com/content/resources/folder.asp?folder=4113&parent=11&lang=1 English Summary www.opha.on.ca/resources/HealthofFrancophones-EN.pdf
3.	Comment rejoindre les francophones	Meilleur départ	2008	http://www.meilleurdepart.org/resources/howto/index.html English Summary http://www.ohpe.ca/index.php?option=com_content&task=view&id=9762&Itemid=78
4.	Viser juste en milieu francophone : un art et une science,	Centre de Formation et de Consultation (PTCC)	1997	Not available on-line but CD –Rom from next resource (#5) includes a copy
5.	Arrêt du tabac : revue des ressources francophones	Centre de Formation et de Consultation (PTCC)	2008	www.ptcc-cfc.on.ca/pubs/2008_04_05_french_resources.pdf
6.	Rapport annuel Commissariat aux services en français, Ouvrir la voie	French Language Services Commissioner of	2007-08	http://www.csf.gouv.on.ca/fr/content/publications-0

Oct 2, 2008

		Ontario		English Summary http://www.flsc.gov.on.ca/en/content/press-room
7.	Préparer le terrain : Soins de santé primaires en français en Ontario, Rapport provincial		2006	www.ptcc-cfc.on.ca/pubs/2008_04_05_french_resources.pdf http://santenordontario.ca/index.cfm?Sequence_No=34841&Id=34841&niveau=2&Voir=publi
8.	Services de santé pour la communauté Franco-Ontarienne : feuille de route pour une meilleure accessibilité et une plus grande responsabilisation, Groupe de travail sur les services de santé en français	Groupe de travail sur les services de santé en français,	2005	http://www.health.gov.on.ca/french/publicf/pubf/ministry_reportsf/flhs_06f/flhs_06f.pdf
9.	Rejoindre les francophones Faut l'faire!	Service de la santé d'Ottawa-Carleton	1995	http://www.hc-sc.gc.ca/hl-vs/pubs/tobac-tabac/ftuc-tcfc/ftuc-tcfc05-fra.php English Summary http://www.hc-sc.gc.ca/hl-vs/pubs/tobac-tabac/ftuc-tcfc/ftuc-tcfc05-eng.php
10.	Report on the 2004-5 Ontario Health Promotion Resource System Provincial Needs Assessment,	Brian Rush		http://www.ohprs.ca/resources/ENAC/Main_Report_-_8_May_2005.pdf

Oct 2, 2008

Step 4: Communication Inventory

Nature of Task

- Make a list of the existing communication resources in your community and organization – including alliances and good relationships.
- Assess the strengths, weakness and possibilities of getting your message delivered through these resources.

Tips

- 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.

Tools

- *Workbook—p27*
- *Worksheet—p87*

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Step 4: An Inventory of Communication Resources

A Media—Local Resources and Contacts

   Print (Newspapers and Periodicals)

   Newsletters

   Radio

   Television

   Outdoor (e.g., Billboards)

   Phone

   Mail

   Point of Purchase

   Curricula

   Computer-based Communication

Step 4: An Inventory of Communication Resources

B   Interpersonal Communication

   Presentations

   Training

   Informal Networks

   Clinical Settings

C   Events: Contests, Fairs, Fundraisers, etc.

   Community-wide

   Specific Group

Steps 1 to 4:
Health Communication Campaign Review Tool

		Pass	Fail
Step 1: Project Management			
	Do you have a plan to engage stakeholders in a meaningful way when working on each of the 12 steps?		
	Have you established a clear decision-making process (e.g. consensus, management approval when appropriate, etc.) that will apply while you are planning and implementing the campaign?		
	Have you established a clear timeline for working through the 12 campaign steps? (hint – consider adapting THCU's sample project management plan)		
	Do you have a plan about how you will distribute your available money and other resources throughout the 12 steps?		
	Have you considered what data is required for you to make decisions at each of the 12 steps?		
Step 2: Revisit Health Promotion Strategy			
	Have you established a complete health promotion strategy? (hint, consider working through THCU's Program Planning workbook and/or workshop).		
	Have you considered measurable objectives at all four levels (i.e., individual, network, organizational, societal) and are they realistic, clear, specific, a strategic priority, measurable, attainable, and time-limited?		
	Is your project team aware and supportive of your health promotion strategy?		
Step 3: Analyze and Segment Audiences			
	Have you collected information about the demographic, behavioural and psychographic characteristics of your chosen audience/s and used it to create an audience profile?		
	Have you used both existing and new data to create your profile?		
	Have you used both qualitative and quantitative data to create your profile?		
	Have you used a combination of inexpensive and more expensive means (as your resources allow) to collect and create data for your profile?		
	Have multiple data sources confirmed the conclusions in your audience profile?		
	Do you feel you have a complete understanding about your audience?		
	Is your audience profile compelling?		
	Have you closely examined the characteristics of your audience to determine whether they can be segmented into smaller, more homogenous groups?		
Step 4: Communication Inventory			
	Have you made a list of the existing communication resources in your community and organization – including alliances and good relationships?		
	Have you assessed the strengths, weakness and possibilities of getting your message delivered through these resources?		

Step 5: Objectives

Nature of Task

•   Identify the bottom-line changes you hope to accomplish.

Tips

•   Consider all four levels (individuals, networks, organizations, and
         communities/societies).
•   Limit yourself to two to three objectives per level.
•   Describe a change rather than an action step.
•   Ensure objectives are SMART.
•   Ensure objectives are a strategic priority.

Tools

•   *Workbook—p29*
•   *Worksheet—p89*
•   *Web Resources—Step 5–7 Worksheet*

Step 5 Worksheet: Communications Objectives

<table>
<tr><td>Health Promotion Program Goal and Objectives</td></tr>
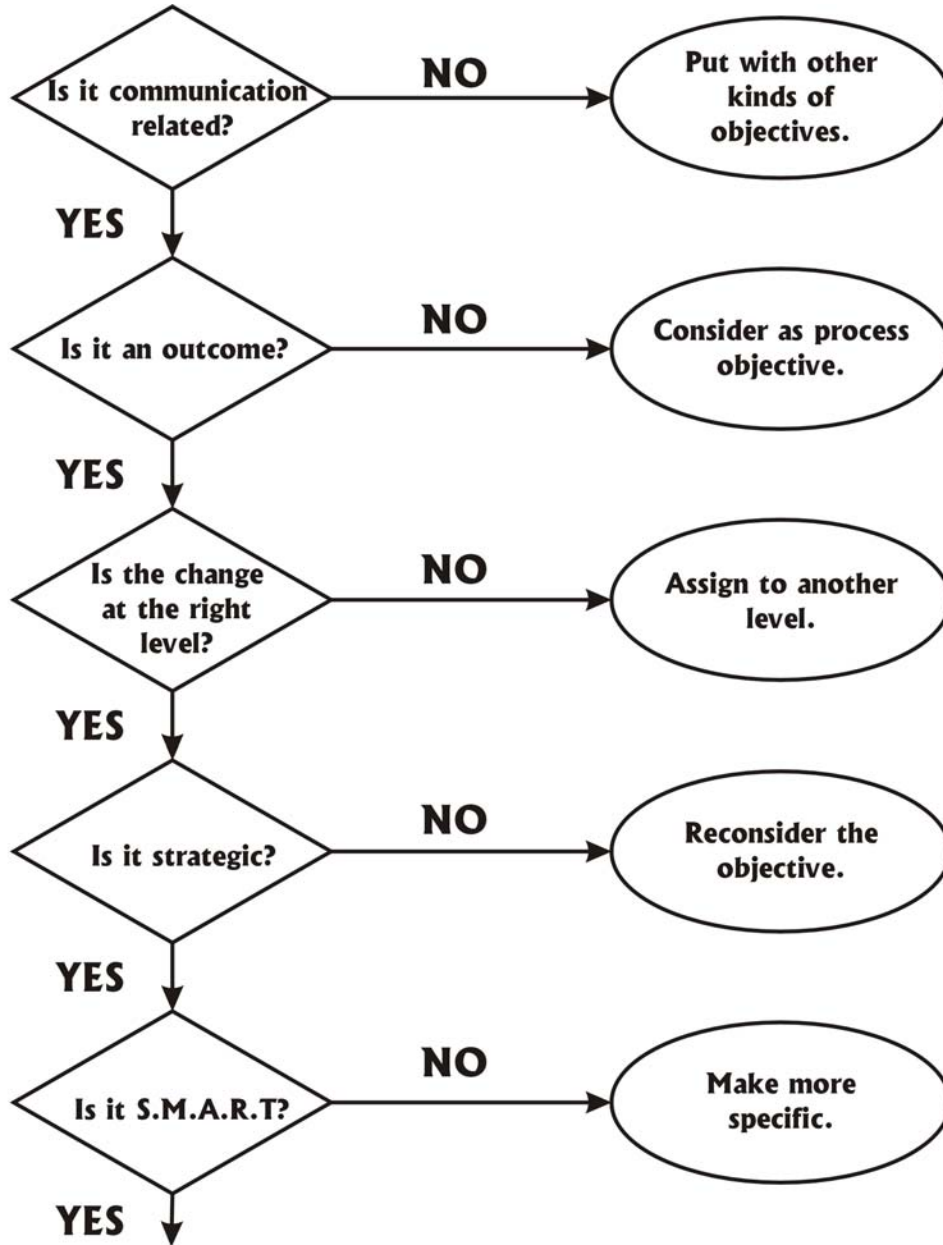<tr><td>Communication Objectives:

Individual

Network

Organizational

Societal</td></tr>
</table>

Objective Decision Tree

Congratulations you have a good communication objective!!

Menu of Outcome Objectives

Individual Level Objectives

- To increase awareness of risk factors
- To increase awareness of personal susceptibility
- To increase awareness of solutions
- To increase awareness of health problems
- To increase knowledge of ideas and/or practices
- To increase recall about ideas and/or practices
- To increase comprehension about ideas and/or practices
- To increase knowledge of local services, organizations, etc
- To change (increase positive, decrease negative, or maintain) attitudes
- To increase motivation for making and sustaining change
- To increase information seeking behaviour
- To increase perceived social support
- To increase confidence about making behaviour changes (self-efficacy)
- To increase thinking about a topic
- To improve skills
- To change behaviour

Network Level Objectives (e.g., social groups, families, professional groups, church groups)

- To increase knowledge of opinion leaders/champions
- To increase prevalence of favourable attitudes held by opinion leaders/champions
- To increase supportive activity (e.g., # of conversations about the health issue) by opinion leaders
- To increase number and kinds of health-related interactions within networks
- To increase favourable social influences/norms within networks
- To increase social support for positive changes by network members

Organizational Level Objectives

- To increase the number of gatekeepers, decision-makers and/or other influential people in organization considering policy changes or adopting specific programs
- To increase the number of gatekeepers, decision-makers, other influential people and/or organizational members (or students, employees, etc) who feel that the issue is important and change is necessary
- To increase the quantity and quality of information regarding the issue and the policy change required
- To increase organizational confidence and competence in making health-related policy changes
- To change/implement policy and/or adopt/change program

Societal Level Objectives

- To increase the importance communities and society attach to an issue, by increasing media coverage
- To increase societal/public values and norms (attitudes and opinions) which are supportive of the policy change you are recommending
- To increase activity directed to producing policy change, such as collaboration among community groups
- To increase the number of politicians who support the policy change you are recommending
- To change/implement a policy

Examples of outcome objectives divided into their four components

Criterion/ How Much	Priority Population/Who	Outcome/What	Conditions/When
Triple the number of	children and youth	involved in the development, implementation and evaluation of student nutrition programs (SNPs)	by the end of 2008.
Double the number of	schools in the region	with functioning SNPs	in one year.
Increase by 25% the number of	schools in the region	meeting MCYS nutrition guidelines and public health food safety guidelines	in two years.
Increase to 70% the number of	elected officials in the region	aware of the benefits of healthy nutrition for children and youth and the role of the Child Nutrition Network (CNN) in acting on the issue	by end of the fiscal.
Maintain	provincial government	financial support for the CNN	for five years.

OBJECTIVES GAME ANSWER KEY

THE HEALTH COMMUNICATION UNIT

at the Centre for Health Promotion
University of Toronto

Card Set A

Level of objective	How much/ How many	For which population/ Who	Output (what to do or produce) or outcome (what change)	When
Individual Outcome Objective Set A.	To increase by 10% the number of….	…adults between the age of 50 and 80….	…who agree that depression and anxiety are highly treatable disorders that should be discussed with a doctor….	…within 2 years
Individual Process Objective Set A	2000	…to adults between the age of 50 and 80….	….educational pamphlets sent on the most effective treatment options for depression and anxiety….	…by next January
Network Outcome Objective Set A	To increase, by 20%, the percentage of…..	…people who provide informal care (non paid staff – for example relatives, etc.) to the elderly in Ottawa….	…who agree that mental health problems such as anxiety and depression are often closely linked to physical health complaints….	…in the next 12 months
Network Process Objective Set A	6	…to people who provide informal care (non paid staff – for example relatives, etc.) to the elderly in Ottawa….	…training sessions conducted on how to distinguish between physical health complaints and anxiety/depression	…by next January
Organizational Outcome Objective Set A	To increase, by 10, the number of….	…..physician offices in Niagara Region…	…that give all patients a screening tool for depression to take home once a year…	…within the next 18 months

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OBJECTIVES GAME ANSWER KEY

Level of objective	How much/ How many	For which population/ Who	Output (what to do or produce) or outcome (what change)	When
Organizational Process Objective Set A	20	…..to physician offices in Niagara Region…	…visits made to help implement a depression screening system..	by next October
Societal Outcome Objective Set A	To increase by 3, the number of….	…..Cabinet members…	….who feel that a national mental health strategy is a priority for Canada… …	…in the next 18 months
Societal Process Objective Set A	1	…..for Cabinet members…	…breakfast meeting held about why a national mental health strategy should be a priority for Canada…	…in the next two months

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Card Set B

Level of objective	Direction and Indicator	Target Audience	Type of outcome	Time (By….)
Individual Outcome Objective Set B	To reduce by 10% the number of ….	…. teens aged 14-18 in three Windsor high schools…..	…who have unprotected sex….	….by the end of the next school year.
Individual Process Objective Set B	1	….for teens aged 14-18 in three Windsor high schools…..	…social marketing campaign implemented to address the consequences of unprotected sex….	…by the start of the next school year.
Network Outcome Objective Set B	To increase by 10% the number of….	….mothers of girls aged 10-14…	…who talk to their daughters about reasons for safe sex and abstinence…	…by next September
Network Process Objective Set B	14	….for mothers of girls aged 10-14…	… lunch and learns held to discuss how to talk to their daughters about reasons for safe sex and abstinence…	…by next June
Organizational Outcome Objective Set B	To increase, to 70%, the number of….	……schools in Ontario ….	….that offer the new, research based curriculum package on sexuality…	…by next December
Organizational Process Objective Set B	800	…for schools in Ontario…	…activity kits produced to supplement the new, research based curriculum package on sexuality…	…by next June

OBJECTIVES GAME ANSWER KEY

Level of objective	Direction and Indicator	Target Audience	Type of outcome	Time (By….)
Societal Outcome Objective Set B	To increase, to 100%, the number of….	……communities in Ontario….	….that offer confidential sexuality clinics where birth control, pregnancy testing and counseling is available for free…	…within three years
Societal Process Objective Set B	1	…for under-resources communities in Ontario…	…. grant process created to support the development of confidential sexuality clinics where birth control, pregnancy testing and counseling is available for free…	…within two years.

OBJECTIVES GAME ANSWER KEY

Card Set C

Level of objective	Direction and Indicator	Target Audience	Type of outcome	Time (By….)
Individual Outcome Objective Set C	To decrease by 25% the number of…..	….. new mothers (to be) in Waterloo region….	…who believe that the advantages of breastfeeding are outweighed by the disadvantages (discomfort, frequency of feedings, etc.) ….	…by the end of the year
Individual Process Objective Set C	1	…for new mothers (to be) in Waterloo region…	…community event held to promote the advantages of breastfeeding, and provide suggestions on ways to minimize the disadvantages (discomfort, frequency of feedings, etc.) ….	…by the end of next month
Network Outcome Objective Set C	To increase, to 50%, the number of…..	….new grandmothers….	….who encourage the mother of their grandchild to breastfeed….	…by June
Network Process Objective Set C	4000	…for new grandmothers…	… kits sent with information on breastfeeding and suggestions on how to support their daughters in their breastfeeding efforts…	…by January 1
Organizational Outcome	To increase by 50	…..the number of shopping malls in	…..that have quiet, comfortable and	…within three years

OBJECTIVES GAME ANSWER KEY

Level of objective	Direction and Indicator	Target Audience	Type of outcome	Time (By….)
Objective Set C		Ontario….	free breastfeeding stations available for new mothers…	
Organizational Process Objective Set C	1	…for business owners	.. profile done on the CBC radio program, Ontario today, about a shopping mall .that has quiet, comfortable and free breastfeeding stations available for new mothers…	…by the end of the month
Societal Outcome Objective Set C	To increase, to 100%…	….the number of municipalities in Ontario…	…that provide funds for a free, accessible, breastfeeding clinic for new mothers…	…in three years
Societal Process Objective Set C	5	…for hospital administrators…	…courses provided about how to access funds and set up a breastfeeding clinic…	…by the end of next year

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OBJECTIVES GAME ANSWER KEY

Card Set D

Level of objective	Direction and Indicator	Target Audience	Type of outcome	Time (By….)
Individual Outcome Objective Set D	To reduce by 15% the number of….	….children aged 6-18…	….whose primary after-school activity involves sitting in front of a screen…	…by next Sept
Individual Process Objective Set D	1	…….for children aged 6-18…	… contest held to see who can spend the least amount of time in front of a screen (tv/computer/video games) in one month…	…by next February
Network Outcome Objective Set D	To increase by 5% the number of….	…..fathers of children aged 10-14 in Haliburton County….	……who join their child in at least 30 minutes of physical activity per week…..	…by next September
Network Process Objective Set D	4	…..for fathers of children aged 10-14 in Haliburton County….	.. weekend events held where they can try a series of different kinds of physical activities with their child/children…	…by next June
Organizational Outcome Objective Set D	To decrease by 100 the number of….	…..schools …	….with pop machines…	…within the next two years
Organizational Process Objective	10	…schools…	… face-to-face meetings held with principals to discuss alternatives	…by next June

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OBJECTIVES GAME ANSWER KEY

Level of objective	Direction and Indicator	Target Audience	Type of outcome	Time (By….)
Set D			to pop machines in schools…	
Societal Outcome Objective Set D	To increase by 5 the number of….	…..Ontario MP's…	….who feel that a national childhood obesity strategy should be a top priority for health care system money…	…by September
Societal Process Objective Set D	30	…to Ontario MP's…	… personally addressed letters sent to outline why a national childhood obesity strategy should be a top priority for the health care system money….	…by March 1

Step 6: Channels and Vehicles

Nature of Task

- Chose vehicles that will carry your message(s).
- Definitions
  - *Channel* – The way in which a message is sent, for example via television, radio, interpersonal communication, newspaper
  - *Vehicle* – A specific way to deliver a message through the channel, e.g., in a newspaper via advertisements, in-depth articles, political cartoons, or supplements

Tips

- Chose the best vehicles for the situation, based on reach, cost ,and effectiveness (fit to situation, audience, and objectives).
- Use a mix of vehicles that vary in shelf life, complexity, etc.

Tools

- *Workbook—p31*
- *Worksheet—p90*
- *Web Resources—Step 5–7 Worksheet*

✎

Step 6: Select Channels and Vehicles

Audience and Objectives	Channels and Vehicles			
Individual				
Network				
Organizational				
Societal				

Menu of Vehicles and Channels

Mass Media	
Direct mail	Brochures/other informational pieces Generic letters Tailored letters Kits Other
Displays	
Magazine	Magazine article Magazine ad Other
Newspaper	Editorials News coverage Newspaper supplement Newspaper paid ad Newspaper unpaid ad (PSA) Other
Online world	Bulletin boards CD ROM Email – tailored messages Email – generic messages Website Listserve Pop up advertisements/static advertisements (e.g., banner ad) Other
Other Print	Brochures Booklets Flyers Paycheck stuffers Newsletters Comics/stories Newsletter articles Newsletter ad Posters Other
Outdoor signage	Billboards LED signage Transit shelter ad Bus ads Street car ad Other

Phone	Direct calling with message
	Hotline (live)
	Information line (taped recordings)
	Other
Point of Purchase	Brochures/other print materials
	Demonstrations
	Displays
	Posters
	Videos
	Audio recordings (e.g. in supermarket)
	Health information kiosks
	Other
Promotional items	Fridge magnets
	Hats
	Matches
	Condom wrappers
	Buttons
	Bags
	Pens
	Pencils
	Stress balls
	Other
Radio	Community announcment
	Ads – paid
	Ads – unpaid
	Phone-in show
	News spot/coverage
	Guest speakers
	Editorials/commentaries
	Other
TV	Community channel text ad/message
	Documentary/extended educational piece
	Edutainment (message built into television program)
	News coverage
	Paid Ad
	PSA spot unpaid
	Other

Interpersonal Communication		72
Face to face/interpersonal	Training Speeches Presentations Courses School lessons/curriculum Peer interaction/discussion Family interaction/discussion Interaction/discussion with opinion leaders Coaching/interaction/discussion with health care providers Coaching/interaction/discussion with teachers Other	
Events		
Events	Conferences Contests Fairs Fund-raiser Rally Awards ceremony Other	

Best Channel/Vehicle Criteria

Best V/C = Effectiveness * Efficiency

Effectiveness = V/C's Characteristics Are Best Fit to Objective and Audience

Effectiveness Criteria

- Specialization—ability to reach specific groups
- Intrusiveness—ability to command attention
- Safeness—risk of boomerang effects or irritation
- Participation—level of receiver involvement, array of senses stimulated, personalization/tailoring
- Decodability—mental effort required to understand; capacity for conveying detailed, complex content; credibility; agenda-setting (ability to increase perceived importance topic); accessibility (ease of using the channel); simplicity of producing and disseminating
- Durability/preservation

Efficiency = Cost Per 'Impression' = (Reach * Frequency) / Cost

Reach = # Exposed to the Message – Those Not in the Population of Interest

When calculating reach, also consider sharing with others (second-hand exposure) and the multiplication effect (promotes other channels and vehicles).

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Step 7: Combining and Sequencing

Nature of Task

- Combine and sequence channels and vehicles across timeline.

Tips

- Hold a big event first or gradually build your activities to a grand finale.
- Include activities with both high visibility and low visibility.
- Mix the shelf life of your activities (e.g., run a short news story and develop posters, pamphlets, magnets that are long lasting)
- Be acutely aware of special events and holidays; use them as a foe or friend.
- Try to fit your communications activities with the season so you don't look out of step with the world.
- Build in other pre-existing events like theme weeks, national conferences, etc. Be ready for unpredicted events, too.
- Balance your timing of activities so that you get repetition but avoid fatigue.
- Apply the simple rule: 3 messages, 3 times, 3 different ways.
- Link with large issues that are capturing the public agenda (e.g., drinking and driving).
- Opportunities to integrate activities are important. That is, a single activity can be designed and delivered to have impact at all four levels (individual, network, organizational, and societal).

Tools

- *Workbook—p43*
- *Worksheet—p91*
- *Web Resources—Step 5–7 Worksheet*

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Step 7: Combine and Sequence Activities

Existing Activities:

Individual:

Network:

Organizational:

Societal:

Combining and Sequencing Method

The purpose of this activity is to combine and sequence your communication activities. The various health communications will have greater power when they build upon each other and are otherwise appropriately timed.

Keep in mind the principles and criteria that have been outlined in this section.

Identify the timeframe for which you will be planning. We suggest 3-5 years for the overall campaign. For the purposes on the workshop, you may focus on a shorter time frame. Enter the start and end times.

Then place on the timeline any existing significant events that might support (or interfere) with your campaign.

Then place each of your selected new activities on the timeline for the appropriate audience and set of objectives, indicating the time and name for each event.

Enter your proposed calendar of events on your monster sheet. Use post-its, pencil, projection onto whiteboard while in "draft mode."

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Campaign Name:

Primary Audience:

Goal:

Step 5: Campaign Objectives	Step 6: Channels / Vehicles	Step 7: Sequence Activities
Individual Level Audience Objective		
• •		
• •		
• •		
Network Level Audience Objective		
• •		
• •		
• •		
Organizational Level Audience Objective		
• •		
• •		
• •		
Societal Level Audience Objective		
• •		
• •		
• •		

Steps 5, 6, and 7:
Health Communication Campaign Review Tool

		Excellent	Very good	Fair	Fail
Step 5: Set Communication Objectives					
1.	Are your communication objectives aligned with your overall health promotion objectives?				
2.	Can your objectives realistically be accomplished by communication activities?				
3.	Do your objectives describe a change (i.e. increase, decrease), rather than an action step (deliver, distribute, promote)?				
4.	Do your objectives identify a specific audience?				
5.	Are your communication objectives directed to the most appropriate level (i.e. individual level, network level, organizational level and/or societal level), given the needs of the community, your mandate and your capacity?				
6.	Are your objectives a strategic priority (i.e. a good fit between needs, capacities and your mandate)?				
7.	Are you objectives S.M.A.R.T. (specific, measurable, attainable, realistic, time-limited)?				
Step 6: Channels and Vehicles					
8.	Are the channels and vehicles you have chosen suitable for reaching the communication objectives you have set?				
9.	Are the channels and vehicles you have chosen affordable?				

		Excellent	Very good	Fair	Fail
10.	Do you have evidence showing that the channels and vehicles you have chosen will be attended to by the identified audience?				
11.	Are the channels and vehicles the most efficient use of resources? (will they reach more than one audience and work toward more than one objective?)				
12.	Do you have evidence showing that the vehicles will reach large numbers of the identified audience?				
13.	Do you have a good mix of vehicles that are long lasting (e.g. fridge magnet) and short-lived (e.g. radio ad)?				
Step 7: Sequencing					
14.	Does the campaign create momentum over time by building on previous messages?				
15.	Does the campaign repeat the message/s enough times to expose most members of your intended audience to the message 5 or more times?				
16.	Does the campaign build on existing holidays and events? (e.g. theme weeks, national conferences, etc.)				

Step 8: Message Development

Nature of Task

•	Determine what you will "say" to your intended audience(s) to reach your objectives and how you will say it.

Tips

•	This is a key part of the specs for any communication products.
•	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.

Tools

•	*Workbook—p45*
•	*Worksheet—p92*
•	*Web Resources—Message Review Tool*

✎

Step 8: Message Strategy

Elements		Approach	
What?		**Tone**	
So What?		**Source**	
Now What?		**Type of Appeal**	
		Other Dimensions	

Health Communication Message Review Criteria

Truly persuasive health communication messages are difficult to create, regardless of the change you are trying to elicit in your audiences. When you are seeking a behavioural shift, the challenge is even greater. McGuire's hierarchy[1] is one theory that helps explain how and why messages fail or succeed. McGuire posits that before taking action audiences must:

- tune into the message,
- attend to it,
- maintain interest in it,
- understand it,
- think about it,
- develop related skills,
- agree with the position in the message (attitude change),
- store the message in memory,
- pull the message from memory when relevant, and
- decide to act on the information (intention).

McGuire goes on to say that successfully accomplishing each of these steps depends on numerous input communication variables, such as:

- characteristics of the message source (e.g. attractiveness, credibility),
- design of the message (e.g. organization, style),
- channel characteristics (e.g. directness),
- characteristics of the person who receives the message (e.g. mood, education),
- etc.

There is some research on how each input variable impacts on each step. For example, we know that the right messenger can attract attention, help change attitudes and affect memorability. This message review tool focuses on various input communication variables and what we know about their ability to impact on one or more of the steps leading to behaviour change.

This is not an exact or fully developed science. What increases success of reaching one step, may decrease success at another step. For example, fast paced, flashy messages may grab attention, but hinder understanding. In addition, different audiences usually require very different messages, even when working toward similar goals.

Following is a list of the minimum criteria that must be met in order to develop a persuasive message. We recommend that the list be used in conjunction with audience analysis, message pre-testing and campaign evaluation.

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[1] McGuire, W.J. Input and Output Variables Currently Promising for Constructing Persuasive Communications. In Rice, R. & Atkin, C. (Ed.). Public Communication Campaigns. 3rd Ed. 2001.

Health Communication Message Review Criteria

1. The message will get and maintain the attention of the audience.

If you don't capture and maintain the attention of the audience throughout the message, you don't have a chance of achieving your objectives. "The more audience members can be engaged to actually think about the message (including imagined or actual rehearsal of the recommended behavior), the more likely they are to experience appropriate changes in knowledge, attitudes, and behavior"[2, 3].

To make ads attractive, interesting, entertaining, and stimulating always apply high quality creative and mechanical execution (text, graphics, visuals) and consider using consider using parody, suspense, word play, sensuality, emotionally involving scenes, humour, vivid visuals, striking statements, lively language, fascinating facts, and/or memorable slogans.

2. The strongest points are given at the beginning of the message.

The information that is most critical for convincing your audience to adopt the recommended behaviour should be positioned early in the message. That way, audiences who lose interest or become otherwise distracted will still have the opportunity to process some key points.

3. The message is clear.

The message should be clear to the audience. In other words, it should be easy for them 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). Elements that can help or hinder clarity include:

- language (vocabulary, lingo) and reading level,
- pace/speed,
- amount of content (avoid trying to cram in too much),
- background (text, graphics, music, etc.), and
- repetition.

Statistics should be used with caution in messages. Most people overestimate the risk of things like car and airplane accidents, but underestimate things like strokes and heart attacks. People also tend to underestimate the cumulative probability that an event will occur (e.g., the odds of wrecking a car by the time you are 18 if you drive under the influence several times per year), even if they correctly understand the odds that the event will occur on any one occasion.

[2] Maibach, E. & Flora, J. (1993). Symbolic modeling and cognitive rehearsal. *Communication Research, 20*, 517-545.
[3] Petty, R., Baker, S., & Gleicher, F. (1991). Attitudes and drug abuse prevention: Implications of the Elaboration Likelihood Model of Persuasion. In L. Donohew, H. E. Sypher, & W. J. Bukoski (Eds.),
Persuasive communication and drug abuse prevention.
Hillsdale, NJ: Lawrence Erlbaum.

Health Communication Message Review Criteria

In general[4]:

- Expressing cumulative probabilities can be an effective means of enhancing the perceived relevance of a risk.
- Although risk analogies can be useful (i.e., explaining a poorly understood risk by comparing it to another more commonly understood risk), such comparisons must be done carefully. The two risks compared should have certain qualities in common, otherwise audience members are likely to reject both the risk comparison and the message.
- Qualitative expressions of risk (e.g.,"many") should also be used with caution as they may be understood in vastly different ways by different people.
- Messages that attempt to convey risk information should, when possible, use both quantitative and qualitative expressions to increase audience comprehension.

4. The action you are asking the audience to take is reasonably easy.

Sometimes a behaviour is not acceptable to the audience because it takes too much effort and sacrifice. This can be overcome by presenting easier behaviours that have fewer barriers and are more easy and appealing[5]. The key is to be aware that target behaviours can be arranged along a continuum according to degree of time, effort, money, psychological and social costs. For example, abstinence has not been a very effective strategy for alcohol, tobacco and drugs. Instead, you might promote modestly demanding behaviours such as signing a pledge card or abstaining just during a 'drug-free week'. There are also other responses that might be targeted, such as awareness, knowledge, beliefs, values and attitudes; that will lead to the focal behaviour[6].

Having role models demonstrate the behaviour can increase audience confidence that the behaviour is easy to perform and providing solutions to barriers that have been expressed by the audience can also help make the behaviour easier for audiences. Not all barriers can be addressed this way, however. In many cases the actual physical or social environment must be modified to make a behaviour reasonably easy to accomplish.

5. The message uses incentives effectively[7].

Creating a persuasive health communication message involves more than simply asking the audience to do what you want. You must explain to them why they should be interested in changing their behaviour. Incentives for changing behaviour can be physical, economic, psychological, moral-legal, or social, and they can be either 'for' or 'against' a behaviour (i.e. 'why' or 'why not' adopt recommended action?).

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[4] Holtgrave, D. R., Tinsley, B. J., & Kay, L. S. (1995). Encouraging risk reduction: A decision-making approach to message design. In E. Maibach & R. Parrott (Eds.), *Designing Health Messages: Approaches from Communication Theory and Public Health Practice*. Thousand Oaks, CA: Sage.

[5] For more information on the importance of making the behaviour reasonably easy for audiences, please see Everett Rogers, *Diffusion of Innovations*, 3rd ed. (New York: Free Press, 1983) and/or Understanding and Using Fear Appeals for Tobacco Control, The Health Communication Unit/Program Training and Consultation Centre, February 2000, http://www.thcu.ca/infoandresources/Step%208%20Health%20Communication%20Message%20Development.htm

[6] Based on content from Atkin, C. Theory and Principles of Media Health Campaigns. In Rice, R. & Atkin, C. (Ed.). Public Communication Campaigns. 3rd Ed. 2001.

[7] Information based on content presented by Dr. Charles Atkin at 2000 Special Topics, THCU workshop.

For example, in the social dimension, 'for' incentives might include acceptance, coolness, physical attractiveness, being considered normal, being liked, acting for the greater good, increased power, respect, and friendship. 'Against' incentives might include rejection, embarrassment, appearing unappealing, being socially deviant, becoming isolated, being considered selfish, being considered weak, or losing trust of others.

There are numerous ways in which to maximize the effectiveness of incentives:

- Incentives will be most effective if the audience thinks they are extremely negative or extremely positive and very likely to happen to them. If you cannot find an incentive that the audience thinks is extremely positive or negative and very likely, use one that is not as severe/positive, but very likely. Emotional appeals intensify motivation by highlighting severity.
- Most campaigns focus on negatively attacking the unhealthy behaviour, however frequent emphasis on negative outcomes may desensitize viewers. A more flexible, softer tactic can be to discount the perceived benefits of the unhealthy practice, such as by asserting that smoking does not really impress peers. In general, use both positive and negatives incentives.
- Try to use more than one incentive per message.
- Use multiple appeals across a series of messages.
- Use new appeals for familiar subjects.
- Make sure that all incentives build on the existing values of the audience [Does the audience care about the incentive you are using? Is it relevant to them? Is it applicable to their situation and needs? (Rather than just your priorities and needs!)]

Thorough audience analysis and message pre-testing can help to ensure that incentives are being used effectively.

6. Good evidence for threats and benefits is provided.

Message designers must provide credible evidence that threats (associated with not doing the behaviour) and benefits (of doing the behaviour) are real and likely. Audiences must also be convinced that the behaviour recommended will actually alleviate the threat discussed. This can be challenging since different types of evidence works with different audiences. For example audiences that are already interested in the topic respond to expert quotes, documentation and statistics, and audiences that are not involved are more likely to respond to dramatized case examples and testimonials.

7. The messenger is seen as a credible source of information[8].

The *messenger* is the model appearing in the message who delivers information, demonstrates behavior, or provides a testimonial. The messenger is helpful in attracting attention, personalizing abstract concepts by modeling actions and consequences, bolstering belief formation due to source credibility, and facilitating retention due to memorability.

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[8] Information based on content presented by Dr. Charles Atkin at 2000 Special Topics, THCU workshop.

Health Communication Message Review Criteria

Messengers can be a/an:

- celebrity (famous athlete or entertainer),
- public official (government leader or agency director),
- expert specialist (doctor or researcher),
- organization leader (hospital administrator or executive),
- professional performer (standard spokesperson, attractive model, or character actor),
- ordinary real person (blue-collar man or a middle-class woman),
- specially experienced person (victim, survivor, or successful role model), or
- unique character (animated, anthropomorphic, or costumed).

No one messenger is always superior. For example, a doctor may communicate trust and expertise in one campaign, and be perceived as boring in another. In selecting the appropriate messenger, the crucial factor is which component of influence model needs a boost. For example:

- peer modeling of the recommended behaviors and/or demonstrations of experience with the (negative or positive) consequences of an action is one of the most effective means of enhancing viewers' skills, confidence to use those skills, perceptions of consequences, and motivations[9];
- celebrities help draw attention to a dull topic;
- experts enhance response efficacy,;
- victims convey the severity of harmful outcomes; and
- victims who share similar characteristics of the audience should augment susceptibility claims.

In general messenger credibility is enhanced by:

- power,
- perceived expertise,
- perceived honesty,
- attractiveness, and
- being similar to the target audience.

8. Messages are believable.

Messages must be realistic. This means they should:

- not make extreme claims or use extreme examples;
- avoid highly dramatic episodes; and
- provide accurate information (i.e. not misleading information).

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[9] Bandura, A. (1997). *Self-Efficacy: The Exercise of Control.* NY: W. H. Freeman.

Health Communication Message Review Criteria

9. The message uses an appropriate tone for the audience.

A messages' tone may be light, heavy, humorous, angry, whimsical, ironic, cheery, dramatic, etc. In general a serious tone is safest if it is not too boring or bland. Regardless of tone avoid preaching or dictating and always test humour before using it!

10. The message uses an appeal that is appropriate for the audience.

Rational appeals work with audiences that are already interested in your topic (Atkin 2001) and emotional appeals work better with audiences that are not already interested in your topic. If you frighten the audience, be sure to give them a relatively easy way to alleviate the threat. If you make your audience anxious, without a way to reduce the anxiety they will block out the message – or do the behaviour you don't want them to do, even more often.

11. The message will not harm or be offensive to people who see it. This includes avoiding 'victim blaming'.

It can be difficult to control who is exposed to your message – it may unintentionally reach audiences it wasn't intended for. Therefore, ethically, developers must consider the views of anyone who might encounter the message. This is mainly a problem for negative messages that use threats or fear appeals. In all cases, designers should adopt the motto 'first do no harm[10]. It is also important to remember that complicated behaviours like smoking, eating, exercising and drinking are not always simple personal choices. Be sensitive to the role of an individual's environment. Help them to overcome their environment and don't assume it is their fault and all their responsibility.

12. Identity is displayed throughout.

A campaign identity includes a name, a positioning statement or copy platform, a logo, a slogan, and possibly other images. Identity distinguishes, defines and synergizes. Identity amplifies the impact of a campaign in a number of ways[11]:

- First, it helps people to remember the key campaign messages because they can connect discrete messages with each other and with the "bigger picture" of the campaign.
- Second, it stimulates more conversation and comment, an outcome that is particularly important for behavior change campaigns.
- Third, in time, the unifying features themselves could come to represent the messages and the image of the campaign, leading people to immediately recall the key campaign messages every time the symbol is presented.

The slogan should prominently and concisely capture the main idea For example, "Take Your Butt Outside"; "5-a-day, every-day"; "How young do they have to be before we care?"

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[10] Based on content from Atkin, C. Theory and Principles of Media Health Campaigns. In Rice, R. & Atkin, C. (Ed.). Public Communication Campaigns. 3rd Ed. 2001.
[11] Youth Anti-Drug Media Campaign Communication Strategy Statement
http://www.mediacampaign.org/publications/strat_statement/basis.html

Health Communication Message Review Tool

		Excell-ent	Very 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 as well as the evidence for the incentives and any background information or definitions).				
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

Comments _____

Basic Incentive Dimensions and Valued Attributes

Primary Persuasive Strategies
- Promise – product is linked to positively-valued attribute
- Attack – competition is linked to negatively-valued attribute

Two-Sided Strategies
- Defend – product is not linked to negatively-valued attribute
- Discount – competition is not linked to positively-valued attribute

Incentive Dimension	Promises	Attacks
Physical	Safety	Death
	Wellness	Illness
Economic	Quickness	Slowness
	Efficiency	Waste
	Easiness	Difficulty
	Low cost	High cost
	Employment	Unemployment
Psychological	Success	Failure
	Security	Anxiety
	Freedom	Restriction
	Self-esteem	Selfishness
	Pleasure	Misery
	Contentment	Regret
	Intelligence	Ignorance
	Thoughtfulness	Recklessness
Moral/Legal	Legal behaviour	Criminal behaviour
	Virtue	Guilt
	Fairness	Inequity
Social	Acceptance	Rejection
	Coolness	Embarrassment
	Attractiveness	Unattractiveness
	Average	Unusual
	Sociability	Isolation
	Selflessness	Selfishness
	Power	Weakness

From Evaluating Public Service Announcements, presented by Dr. Charles Atkin (professor and chair of Michigan State University's Department of Telecommunication) at THCU's February 2001Special Topics Workshop

Step 9: Identity

Nature of Task

•   Create an identity that will clearly communicate your image and your intended relationship with your audience.

Tips

•   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. Start with the easiest
•   Manage your identity.

Tools
•   *Workbook—p51*
•   *Worksheet—p91*

✐

Step 9: Project Identity

Developing a Creative Strategy for an Identity Program . . .

. . . defines:

What four things (styles, attitude, relationships) do you want people to think about you, your issues, and your services?

1 ....

2 ....

3 ....

4 ....

How do you want people to feel?

1 ....

2 ....

3 ....

4 ....

. . . distinguishes:

What distinguishes your project from others? that makes it particularly effective?

....

....

. . . synergizes:

How does your project complement others? build on others?

....

....

Step 10: Production

Nature of Task

- Develop specs for each desired product, select and contract with suppliers, and manage production process.

Tips

- 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.

Tools

- *Workbook—p55*
- *Worksheet—p94*

✎

Organization / Group

Issue / Goal Statement

Product Name

Product Description

Audience

Communication Objective

Step 10 (continued)

Key Messages

Content (the What)	Benefits (the So What)	Action Step (the Now What)

Desired Identity of Your Issue, Organization, and Services

Audience Should Think	Audience Should Feel

Timeline

Start Date	Finish Date	Distribution Timeline

Budget Range

Minimum	Maximum

Step 10 (continued)

Specifications
Item

Quantity

Dimensions

Text

Illustrations

Colour

---

* (including film, author's
    changes, taxes, allowance for 5%
    overs,
    shipping to one location)

Budget $
Creative

   Concept, layout, design

   Editorial

   Translation

   Editing

   Final artwork

Production

   Printing*

Public Relations

   Launch

   Presentations

   Give-ways

Administration

   Fax, telephone

   Databasing

   Postage

   Office space

   Association letterhead

   Administrative support

   Travel costs

Project Management

   Project management

Total

Step 11: Implement campaign

Tools

- *Workbook—p59*
- *Worksheet—p98*

✎

Program Materials Needed (e.g., PSAs, pamphlets, etc.)	Total Number	Where Needed	By When

Organizations Requiring Briefing	Contact Person	Responsible	By When

Other Tasks	Responsible	By When

Step 12: Evaluation

Nature of Task

- Gather, interpret, and act upon qualitative and quantitative information throughout the 11 steps.

Tips

- Throughout all steps, pay attention to clearly identifying stakeholder expectations, finding resources for the evaluation, and being sure your efforts are evaluable.

Tools

- *Workbook—p61*
- *Worksheet—p99*

✎

Steps in Evaluating a Communication Campaign

1. **Get Ready to Evaluate**

• Establish clearly defined goals and objectives
• Identify measurable success indicators

2. **Engage Stakeholders**

• Understand stakeholders' interests and expectations
• Engage stakeholder participation
• Develop evaluation questions

3. **Assess Resources For the Evaluation**

• Determine availability of staff and resources and amount of money allocated for evaluation

4. **Design The Evaluation**

• Select type of evaluation to be conducted
• Design evaluation framework
• Consider ethical issues and confidentiality

5. **Decide on qualitative versus quantitative methods**

• Assess strengths/weaknesses of different methods of measurement
• Select your sampling design

6. **Develop Work Plan, Budget, and Timeline for Evaluation**

7. **Collect the Data Using Agreed Upon Methods and Procedures**

• Pilot test
• Collect data

8. **Process and Analyze the Data**

• Prepare data for analysis
• Analyze data

9. **Interpret and Disseminate the Results**

• Interpret
• Present
• Share

10. **Take Action**

Evaluation and the 12 Steps

Health Communication Step	Applicable Type of Evaluation
1. Project Management	Formative: Situational Assessment
2. Revisit Health Promotion Strategy	Formative: Logic Model
3. Analyze and Segment Audiences	Formative: Audience Analysis
4. Develop Inventory of Resources	
5. Set Communication Objectives	Summative: Set Comm. Objectives/Indicators
6. Select Channels and Vehicles	Process: Set Implementation Objectives/Indicators
7. Combine and Sequence Activities	Process: Set Implementation Objectives/Indicators
8. Develop the Message Strategy	Formative: Pretesting
9. Develop a Project Identity	Formative: Pretesting
10. Develop Materials	Formative: Pretesting
11. Implement Your Campaign	Process: Advertising Model
	Summative: Impact Monitoring Model, Experimental/Quasi-experimental
12. Complete Campaign Evaluation	All types: Analysis, Interpretation, Action

Three Types of Evaluation

Formative

Formative evaluation includes audience analysis (discussed in Step 3) and pretesting. Pretesting is designed to assess the strengths and weaknesses of materials or campaign strategies before implementation. It permits necessary revisions before the full effort goes forward. Its basic purpose is to maximize the chance for program success before the communication activity starts.

Process

Process evaluation examines the procedures and tasks involved in implementing a program. Process measures are designed to monitor the program in progress. Tracking the number of materials distributed, meetings attended or articles printed will tell you how the program is operating, and may tell you whether the intended audience is responding. However, these measures will not tell you about the program effects. Process evaluation also can look at the administrative and organizational aspects of the program.

Summative

These evaluation methodologies usually consist of a comparison between the audience's awareness, attitudes and/or behaviour before and after the program. Unlike pretesting methods (formative evaluation), these are often quantitative measures, necessary to draw conclusions about the program effect. Going a step beyond process measures, summative evaluation should provide more information about value than quantity of activity. The measures may be self-reported (e.g., interviews with the audience) or observational (e.g., changes in clinic visits or disease morbidity). Comparisons between a control group (one that did not receive the program, but is similar in other respects to the intended audience) and the intended audience receiving the program are desirable.

Communications programs are one contributor to the improvement of the public's health. In a "real world" environment, there are many factors which influence an individual's health behaviour, including peer support and approval, self-esteem and other individual characteristics, advertising and mass media coverage of health, community and institutional factors (such as the availability of services). It is often extremely difficult to separate the impact of your communication program from the effects of other factors ("confounding variables") on an individual's behaviour. For this reason, such studies are rarely initiated as part of programs using only communication strategies. Most summative measures are designed to tell you what effect was achieved, but not how or why — these are the subjects of formative research and process measures. The effect or outcome is paramount, but you also need to know what happened, how and why which elements worked, and to analyze what should be changed in future programs. Therefore, plans for summative measures are often combined with other evaluation strategies.

Limited resources may force you to choose between process, formative or summative evaluation. None used alone will provide you with a complete picture of what happened in your communication campaign. Some experts will tell you that if you must choose, you should choose summative evaluation — the only way to certify that you accomplished your objectives. However, process evaluation can help you understand why you did or did not accomplish your objectives. Therefore, we advise that process measures are more important—to allow you to manage your program well.

Questions	Indicator	Method