

THE HEALTH COMMUNICATION UNIT
at the Dalla Lana School of Public Health
University of Toronto

Overview of Health Communication Campaigns


Interactive Webinar

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Introductions




<ul style="list-style-type: none"> • Facilitator <ul style="list-style-type: none"> • Bios at www.thcu.ca • The LiveMeeting Technology - <ul style="list-style-type: none"> • polling feature • mood • questions • Webinar Courtesy <ul style="list-style-type: none"> • mute (music) / quiet 	<ul style="list-style-type: none"> • Screen Display <ul style="list-style-type: none"> • Visible? • access them from our blog at: http://www.thcu.ca/blogs/lc/?cat=22 • Size • Participant Roll Call - <ul style="list-style-type: none"> • Anyone not on LM? • Groups of people? • Participation - pass if you like
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Agenda Overview



- Introductions
- Objectives
- Brief Overview of Health Communication Planning Steps, Breathing Space Case Study
- Step 3: Audience Analysis step
- Step 5: Communication Objectives
- Additional resources
- Q&A
- Closing Remarks



3

Comprehensive health communication campaigns (1)



- goal-oriented attempts to inform, persuade or motivate behaviour change;
- ideally aimed at the individual, network, organizational and community/societal levels;
- aimed at a relatively large, well-defined audience (i.e., they are not interpersonal persuasion);
- provide non-commercial benefits to the individual and/or society;

Comprehensive health communication campaigns (2)



- occur during a given time period, which may range from a few weeks to many years;
 - are most effective when they include a combination of media, interpersonal and community events; and,
 - involve an organized set of communication activities.
- 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).



Case Study

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THCU's 12 Step Communication Model

Breathing Space

Community Partners for Smoke-free Homes, Winter 2003

August 31, 2006

Breathing Space

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Background

The Ontario Ministry of Health and Long-Term Care's Mandatory Health Programs and Service Guidelines direct provincial public health units to deliver programs that aim to increase the proportion of smoke-free homes by 2010. Recent estimates report that 30% of children in Ontario under the age of 12 are exposed to second-hand smoke (SHS) in the home.

The 1997 Ontario Health Survey found that 31% of homes in the Greater Toronto Area (GTA) and Hamilton and Simcoe County areas had smokers. In order to respond to this challenge, in 1998 four health departments, including Durham, Peel, York, and Toronto, initiated a cooperative effort aimed at increasing public awareness of the negative health impacts of SHS. In fall 1999, Halton and Hamilton joined the initiative. These six core health departments partnered to create the Breathing Space Community Partners for Smoke-Free Homes initiative (herein called Breathing Space). In 2002, this partnership extended to a total of 23 partnering units.

Public health research indicates that mass media messages combined with community-based interventions can be highly effective in creating widespread awareness to assist with behavior change. To this end, the Breathing Space partners implemented media campaigns in the summer of 2000 and the spring of 2001 that focused on protection from SHS. The campaigns included radio spots, print ads, transit shelter posters, and other community education strategies.

Step 2

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2
STEP

Revisit Health Promotion Strategy

Breathing Space: Community Partners for Smoke-Free Homes is a social marketing campaign designed to encourage people to make their homes 100% smoke-free. This campaign was successfully implemented in the Greater Toronto Area in 2000 and 2001 and provincially in the winter of 2003. The overarching goal of the campaign was to reduce the number of people exposed to SHS, especially children. Breathing Space partners determined that protecting children from exposure to SHS in home environments could be most appropriately accomplished through public education and awareness.

Step Three

Audience Analysis and Segmentation

What do we need to know?

- There are many things we need to find out about our audience, if we want to change their behaviour:
 - Demographics
 - Psychographics
 - Behaviours and factors related to these

Audience Analysis Questions

Demographic	Behavioural	Psychographic
<ul style="list-style-type: none">• gender• age ranges• typical occupation• income range• Education• family situation• location home and work• cultural characteristics	<ul style="list-style-type: none">• current behaviour• benefits from behaviour• readiness for change• current social or medical consequences• Feelings of susceptibility• Skill level• Knowledge• Attitudes• Intentions• Self-efficacy	<ul style="list-style-type: none">• values and beliefs• key personal characteristics• where they get their health-related information• organizations and social networks they belong• how they spend their time and money• Role models

The Segmentation Process

- Identify variables.
- Prioritize variables.
- Map out possibilities.
- Choose segments from possibilities:
 - Eliminate
 - Rank order
 - Combine where necessary/appropriate.

Case Study Audiences

3
STEP

Audience Analysis and Segmentation

In June 1998, four audience segments were identified through an audience psychographic analysis and segmentation exercise and consultation with experts in the field. Larry Hershfield from The Health Communication Unit (THCU) helped with this process. The primary audience for the campaign was parents with children 18 years and under. Within this audience, four segments were identified:

1. Occupants of homes, especially parents, who allow visitors to smoke but are responsive to smoke-free home messages and have few barriers with regard to making their homes smoke-free
2. Occupants of homes, especially parents who are smokers themselves but are responsive to smoke-free home messages and have few barriers with regard to making their home smoke-free
3. Occupants of homes who are responsive to smoke-free messages but have barriers in making their homes smoke-free
4. Smokers who are resistant to behavioural change

A decision was made to focus on audiences that were open to hearing about the negative impacts of second-hand smoke and willing to modify their behaviours—in other words, the first two target groups. The partners felt that these groups were most likely to be influenced by an awareness campaign. Interestingly, focus testing of messages in 2001 showed that the other two groups were also quite receptive to the *Breathing Space* messages.

Variable One
PARENTS

Variable Two
SMOKERS

Variable Three
BARRIERS

		Population EVERYONE WHO ALLOWS SMOKING IN THE HOME			
		Parents		Not parents	
		Smokers	Nonsmokers		
		Yes	No	Yes	No

Segment #1
Segment #2

Activity



1. Identify what you would want to know about your assigned audience, considering:
 - Demographics
 - Behavioural characteristics
 - Psychographics
2. Think about where you would get the information
3. 10 minutes
4. Prepare to discuss as a group

Step 3: Audience Analysis Action Summary - Tips



- ✓ Use both existing and new data.
- ✓ Use both qualitative and quantitative data.
- ✓ Use a combination of inexpensive and more expensive means.
- ✓ Ensure that multiple data sources confirm the conclusions in your audience profile.

Step 5: Objectives



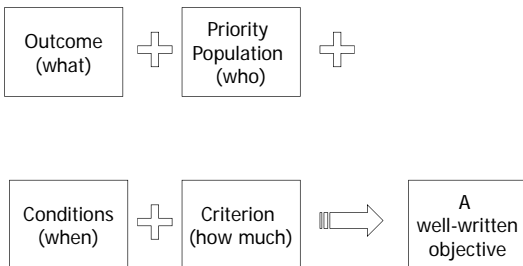
Identify the bottom-line changes you hope to accomplish as a result of your communication activities.

A Good Objective Is:



- Communication-related.
- Outcome, rather than process-oriented.
- Aligned with a change process and the right level.
- Strategic.
- SMART

Elements of a well-written outcome objective



Examples of outcome objectives in 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	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%	elected officials in the region	aware of the benefits of healthy nutrition for children and youth and the role of the CNN in acting on the issue	by the end of the fiscal
Maintain	provincial government	financial support for the CNN	for five years.

Case Study T H
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Step Five
Set Communication Objectives

Individual

- To increase the number of children protected from exposure to second-hand smoke
- To increase the number of homes that are smoke-free
- To educate the public about the effects of second-hand smoke
- To increase the number of people who would take action to protect themselves and others, especially children

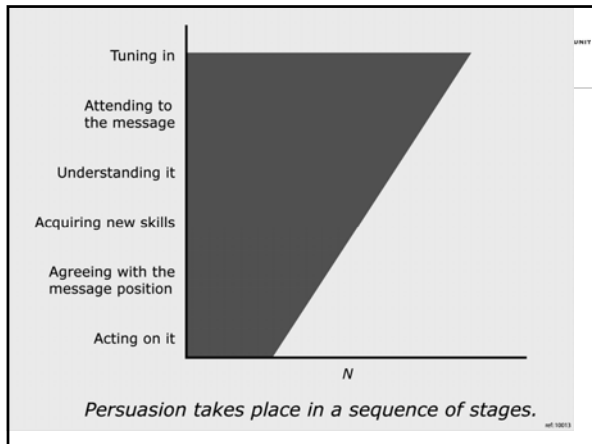
Network

- To shift the public's perception that second-hand smoke is socially acceptable

Activity T H
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- Consider the four individual and one network level objectives, and discuss whether each one is:
 - Communication-related
 - Outcome versus process (output)
 - At the appropriate level
 - Strategic (connected back to overall goal)
 - SMART

Step 8: Develop the Message Strategy T H
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Health Communication Message Review Tool

		Discard	Very Good	Fair	Poor
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. How? 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 actions 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 incentive presented and the audience thinks the incentive are realistic and likely).				
6.	Good evidence for, strength, 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, 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 Decision


Use

Lose

Adapt



Would you want to share his bath water?




It's not a pleasant thought, is it? In fact, it's almost an unpleasant one sharing his air.

While sharing someone's bath water isn't exactly sanitary, it's second-hand smoke that's the greater health hazard.

After all, second-hand smoke causes over 4,000 chemical compounds including arsenic, formaldehyde, benzene and lead, which are known to cause cancer.


Second-hand smoke is the third leading preventable cause of death.

respect the air we share
Ask a smoker to take it outside.

 BREATHING SPACE FOR CIGARETTE SMOKERS

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If someone's been smoking in here, this is what you're breathing:



Take this thought home with you.
Ask a smoker to take it outside.

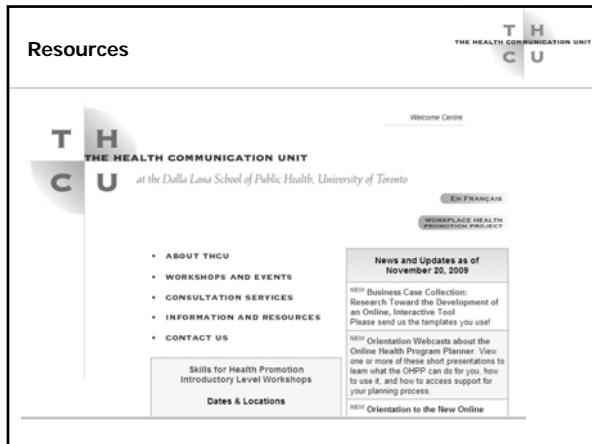
Benzoic acid
Arsenic
Carbon monoxide
Hydrogen cyanide
Carbonyl sulfide
Benzene
Formaldehyde
Acetone
Pyridine
Ammonia
Formic acid
Methyl chloride
Acetic acid
Nicotine
Cadmium
Nickel
Zinc
Polonium 210
Polychlorinated dibenzo-p-dioxin
Sulfuric acid
N-Nitrosodimethanamine
N-Nitrosodimethylamine
Benzofuran
4-Aminobiphenyl
Aniline
Toluene
Oxylene
Propionaldehyde
Phenol
N-Nitrosodimethylamine
N-Nitrosopyrrolidine
1,3-Butadiene
Hydrazine
γ-Butyrolactone
Acrylonitrile
Fluoranthene
Hydroquinone
Catechol
Ethylmethoxybenzene
Dimethylamine
Acrolein
Glycolic acid
Carbon dioxide
Nitrogen oxides

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Q&A



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THCU on Health Communication

- Map of all health communication resources
http://www.thcu.ca/infoandresources/health_comm_map.cfm
- Developing health communication campaigns toolkit
http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=1008
- Buzz for Behaviour Change
http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=838
- Audience profiles

THCU on Health Communication CON'T

- Making the case (for health promotion initiatives)
http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=494
- Strengthening personal presentations workbook
http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=792
- Health communication message review criteria
http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=56&emailID=134
- Interactive online campaign planner
<http://www.thcu.ca/infoandresources/ohc/myworkbook/login/login.asp>
- Special update on risk communication
http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=898

Webcast on Use of Social Media for Health Promotion



- Guest facilitator Craig Lefebvre
- http://www.thcu.ca/videos/new_media_webinar.htm

Webcast: Identify Your Audience



- <http://www.thcu.ca/videos/webcasts.htm>

Health Communication resources: Not ours, but also good!



- HealthComm Key Searchable Database
<http://cfusion.sph.emory.edu/PHCI/Users/Login.cfm>
- Free Range Thinking
<http://www.agoodmanonline.com/newsletter/index.html>
- News and Views on Social Marketing and Social Change
http://socialmarketing.blogs.com/r_craig_lefebvres_social/2006/10/social_media_an.html

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