



*at the Centre for Health Promotion
University of Toronto*

Overview of Developing Health Communication Campaigns

Workshop Tool Kit

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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



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
	<p><i>Develop plan to manage stakeholder participation, time, money, other resources, data gathering and interpretation, and decision-making.</i></p> <p>Plan to meaningfully engage stakeholders.</p> <p>Establish a clear decision-making process.</p> <p>Establish a clear timeline for creating the workplan.</p> <p>Establish a clear timeline for the campaign.</p> <p>Plan how you will allocate financial, material, and human resources.</p> <p>Consider what data will be required to make decisions at each step. Include adequate time in workplan for data collection and interpretation.</p>	<p><i>Establish and/or confirm a complete health promotion strategy.</i></p> <p>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.</p> <p>Ensure your project team is aware and supportive of your health promotion strategy.</p> <p>Use logic models as well as narratives to review and describe the strategy.</p>	<p><i>Collect the demographic, behavioural and psychographic characteristics of your chosen audience(s) and create an audience profile.</i></p> <p>Where possible, segment your audience.</p> <p>Use existing and new qualitative and quantitative data.</p> <p>Use a combination of less and more expensive means.</p> <p>Ensure that multiple data sources confirm your conclusions.</p> <p>Ensure you have a complete and compelling understanding of your audience.</p>	<p><i>Make a list of the existing communication resources in your community and organization – including alliances and good relationships.</i></p> <p><i>Assess the strengths, weakness and possibilities of getting your message delivered through these resources.</i></p> <p>Modify existing inventories and directories, e.g., media lists from partner organizations.</p> <p>When listing your resources, consider a mix of communication strategies, including media, interpersonal, and events.</p>	<p><i>Identify the bottom-line changes you hope to accomplish.</i></p> <p>Consider all four levels (individuals, networks, organizations, and communities/societies).</p> <p>Limit yourself to two to three objectives per level.</p> <p>Describe a change rather than an action step.</p> <p>Ensure objectives are SMART.</p> <p>Ensure objectives are a strategic priority.</p>	<p><i>Chose vehicles that will carry your message(s).</i></p> <p>Choose the best channels and vehicles for the situation based on reach, cost, and effectiveness, i.e., fit to situation, audience, and objectives.</p> <p>Use a mix of short- and long-lived channels and vehicles.</p>
Workbook Page	11	15	21	27	29	31
Worksheet Page	80	85	86	87	89	90
Web Resources	Sample Step One Worksheets		Step 5-6-7 Worksheet		Step 5-6-7 Worksheet	Step 5-6-7 Worksheet



For more information

	<p>7 Combining and Sequencing</p> <p><i>Combine and sequence channels and vehicles across timeline.</i></p> <p>Hold a big event first or build to a grand finale.</p> <p>Include activities with both high and low visibility.</p> <p>Mix the shelf life.</p> <p>Be aware of special events and holidays, friend or foe.</p> <p>Try to fit activities with the season.</p> <p>Build in existing events but be ready for the unexpected.</p> <p>Balance your timing so that you get repetition but avoid fatigue.</p> <p>Apply the rule: 3 messages, 3 times, 3 different ways.</p> <p>Link with large issues that are capturing the public agenda.</p> <p>Opportunities to integrate activities are important. That is, a single activity can be designed and delivered to have impact at all 4 levels.</p>	<p>8 Message Development</p> <p><i>Determine what you will “say” to your intended audience(s) to reach your objectives and how you will say it.</i></p> <p>This is a key part of the specs for any communication products.</p> <p>Build upon information and decisions in steps 1–7, particularly Audience Analysis and Objectives.</p> <p>To generate ideas, review materials from a variety of sources and assess what you like and don’t like.</p>	<p>9 Identity</p> <p><i>Create an identity that will clearly communicate your image and your intended relationship with your audience.</i></p> <p>Use examples from a wide variety of sources to help determine your preferences.</p> <p>Produce materials that "carry the identity" – name, position statement, logo, and images, as required. Start with the easiest</p> <p>Manage your identity.</p>	<p>10 Production</p> <p><i>Develop specs for each desired product, select and contract with suppliers, and manage production process.</i></p> <p>Aim to produce the best materials within budget and on time.</p> <p>Manage reviews and sign-offs very carefully.</p> <p>Pre-test all material with intended audience.</p>	<p>11 Implementation</p> <p><i>Implement campaign.</i></p>	<p>12 Evaluation</p> <p><i>Gather, interpret, and act upon qualitative and quantitative information throughout the 11 steps.</i></p> <p>Throughout all steps, pay attention to clearly identifying stakeholder expectations, finding resources for the evaluation, and being sure your efforts are evaluable.</p>
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				



For more information

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).



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.



Section One

Step One: Project Management

Step Two: Revisit Health Promotion Strategy

Step Three: Audience Analysis

Step Four: Communication Inventory

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*



Step 1A: Getting Started—Time

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • Review workbook. • Fill in project management worksheet. • Draft decision-making process. • Pull together information on health promotion strategy. | <ul style="list-style-type: none"> • 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

- | | |
|---|--|
| <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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

- | | |
|---|--|
| <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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

- | | |
|--|--|
| <ul style="list-style-type: none"> • Type up objectives and send to team for review. • Review objectives with experts. | <ul style="list-style-type: none"> • 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

- | | |
|---|---|
| <p>Type up campaign sequence. Share with team.</p> <ul style="list-style-type: none"> • Finish collecting materials from other campaigns. • Finish collecting sample identities from other campaigns. | <ul style="list-style-type: none"> • 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

- | | |
|---|---|
| <ul style="list-style-type: none"> • Draft creative brief for production of new identity. Circulate. • Draft creative brief for development of campaign materials. • Draft RFP (s) to develop new identity and campaign materials. Circulate for feedback. • Identity possible suppliers and plan where to post RFP. • Draft supplier selection criteria. Circulate for review | <ul style="list-style-type: none"> • Finalize creative brief for identity. • Brainstorm ideas about identity pre-testing tool and protocol. • Finalize creative brief for campaign materials. • Finalize RFP, list of possible suppliers, plan for where to post RFP and supplier selection process. • 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

- | | |
|---|---|
| <ul style="list-style-type: none"> • Draft pre-testing tool and protocol for draft identity designs. Send to team and experts for review. • Work with suppliers to get draft identity designs. Circulate. • Post RFP, review responses according set criteria and select suppliers. • Write up contracts and get them signed by appropriate people. • Work with suppliers to get draft campaign materials. Circulate. • Draft campaign material pre-testing tool and protocol. Circulate. • Type out outcome evaluation plan and draft tools. Circulate. | <ul style="list-style-type: none"> • Review draft identity designs. Collect team feedback for designers. • Finalize draft identity design pre-testing tool and protocol. • Review draft campaign materials. Collect team feedback for designers. • Finalize pre-testing tool and protocol for draft campaign materials. • Finalize outcome evaluation plan and tools. • Review project management worksheet plan. Adapt as necessary. |
|---|---|

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

- | | |
|---|---|
| <ul style="list-style-type: none"> • Get revised identity designs from designers (based on stakeholder feedback). • Conduct pre-testing of identity designs. • Compile results of identity design pre-testing. Circulate. • Get revised campaign materials from designers. • Conduct pre-testing of draft materials. • Compile results of campaign material pre-testing. Circulate. | <ul style="list-style-type: none"> • Discuss pre-test results for identity designs and decide on direction to give supplier. • Discuss pre-test results for campaign materials and decide on direction to give supplier. • Review project management worksheet plan. Adapt as necessary. |
|---|---|

Meeting 9 – Final production and On Our Way!

- | | |
|---|--|
| <ul style="list-style-type: none"> • Finalize identity materials design with supplier based on pre-test results. • Finalize campaign materials design with supplier based on pre-test results. • Produce campaign materials. | <ul style="list-style-type: none"> • Finalize any campaign implementation details. • Review project management worksheet plan. Adapt as necessary. |
|---|--|

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • Review workbook. • Complete project-management worksheet. • Draft decision-making process for the project. • Draft logic model of your health promotion strategy. | <ul style="list-style-type: none"> • 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

- | | |
|--|---|
| <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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

- | | |
|---|--|
| <ul style="list-style-type: none"> • Expand the audience analysis profile. • Finish collecting materials from other campaigns done on same topic. • Collect sample identities from other campaigns/projects. | <ul style="list-style-type: none"> • 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

- | | |
|--|--|
| <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Finalize implementation details. • Finalize process evaluation details. |
|--|--|

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*



Step 2: Develop Goal and Objectives

<i>Goal of the Project</i>	
<i>Audiences</i>	<i>Key aspects that need attention</i>
<i>Objectives</i>	

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 health 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

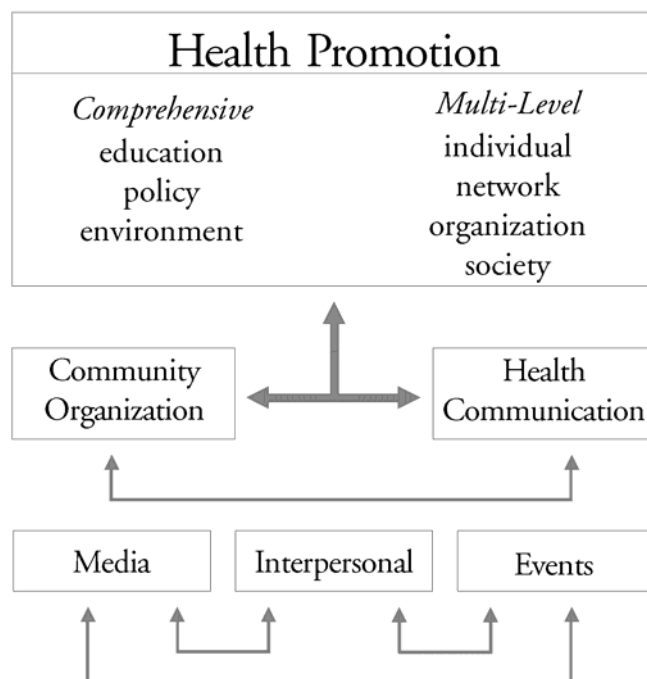


Rationale

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*



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 \$



Audience Segmentation Worksheet

	Population							
Variable One								
Variable Two								
Variable Three								



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

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*



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?		

Section Two

Step 5: Objectives

Step 6: Channels and Vehicles

Step 7: Combining and Sequencing

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.

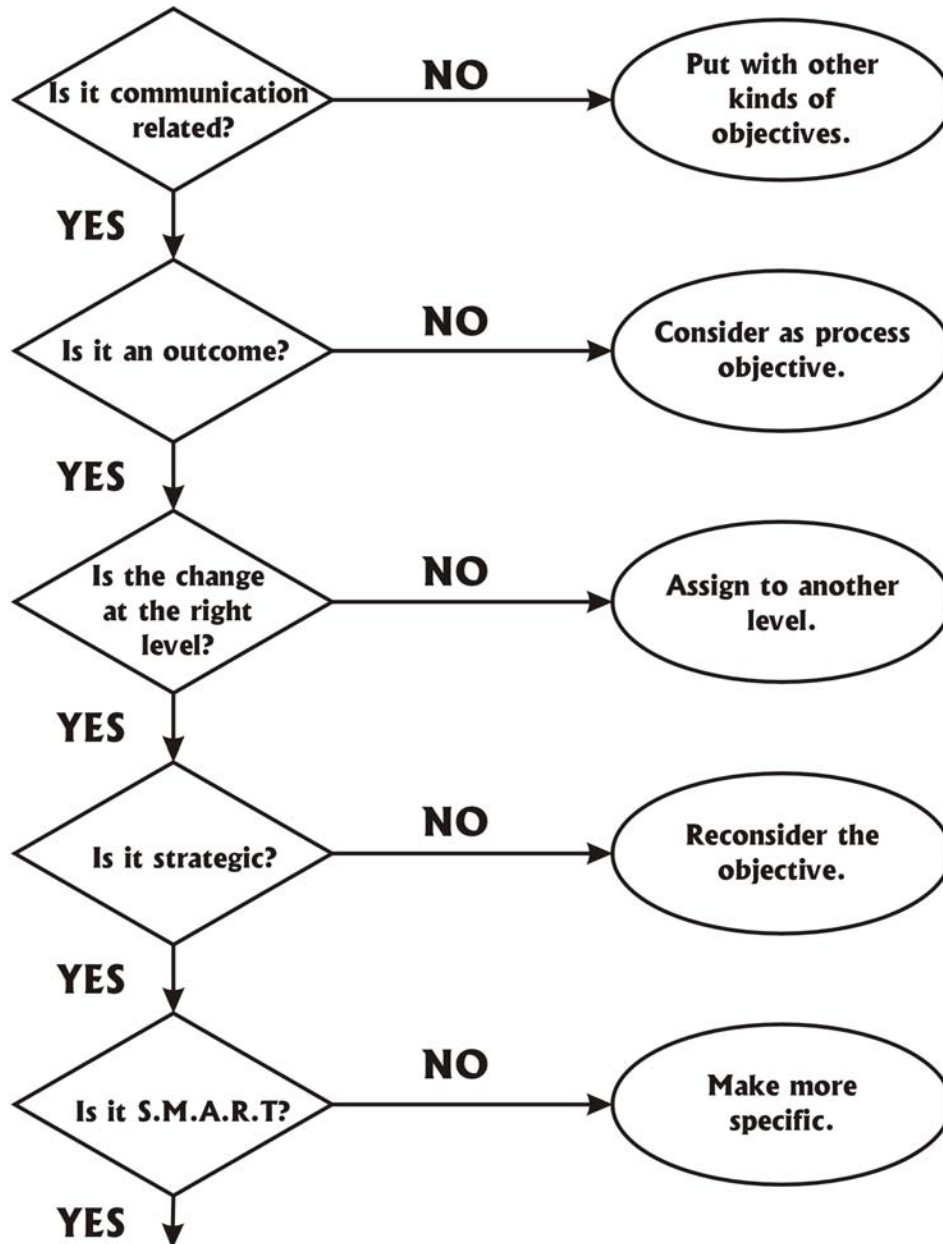
Tools

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



Health Promotion Program Goal and Objectives	
Communication Objectives:	
Individual	
Network	
Organizational	
Societal	

Objective Decision Tree



Congratulations you have
a good communication
objective!!

Menu of Outcome Objectives



at the Centre for Health Promotion
University of Toronto

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

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			
<i>Individual</i>				
<i>Network</i>				
<i>Organizational</i>				
<i>Societal</i>				

Menu of Vehicles and Channels

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

<i>Phone</i>	Direct calling with message Hotline (live) Information line (taped recordings) Other
<i>Point of Purchase</i>	Brochures/other print materials Demonstrations Displays Posters Videos Audio recordings (e.g. in supermarket) Health information kiosks Other
<i>Promotional items</i>	Fridge magnets Hats Matches Condom wrappers Buttons Bags Pens Pencils Stress balls Other
<i>Radio</i>	Community announcement Ads – paid Ads – unpaid Phone-in show News spot/coverage Guest speakers Editorials/commentaries Other
<i>TV</i>	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	
<i>Face to face/interpersonal</i>	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	
<i>Events</i>	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).



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*



Step 7: Combine and Sequence Activities

<i>Existing Activities:</i>									
<i>Individual:</i>									
<i>Network:</i>									
<i>Organizational:</i>									
<i>Societal:</i>									

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.”



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 your 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?				

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

		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.)				

Section Three

Step 8: Message Development

Step 9: Identity

Step 10: Production

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

What?
So What?
Now What?

Approach

Tone
Source
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 hierarchy¹ 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.

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 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 general⁴:

- 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 appealing⁵. 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 behaviour⁶.

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 effectively⁷.

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?).

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.

Health Communication Message Review Criteria

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 information⁸.

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.

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 motivations⁹;
- 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).

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 ways¹¹:

- 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?"

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

at the Centre for Health Promotion
University of Toronto

		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 Wellness	Death Illness
Economic	Quickness Efficiency Easiness Low cost Employment	Slowness Waste Difficulty High cost Unemployment
Psychological	Success Security Freedom Self-esteem Pleasure Contentment Intelligence Thoughtfulness	Failure Anxiety Restriction Selfishness Misery Regret Ignorance Recklessness
Moral/Legal	Legal behaviour Virtue Fairness	Criminal behaviour Guilt Inequity
Social	Acceptance Coolness Attractiveness Average Sociability Selflessness Power	Rejection Embarrassment Unattractiveness Unusual Isolation Selfishness 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 2001 Special 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*



Step 10: Develop Materials (Pre-Production)

Organization / Group

Issue / Goal Statement

Product Name

Product Description

Audience

Communication Objective

Step 10 (continued)

Key Messages

<i>Content (the What)</i>	<i>Benefits (the So What)</i>	<i>Action Step (the Now What)</i>

Desired Identity of Your Issue, Organization, and Services

<i>Audience Should Think</i>	<i>Audience Should Feel</i>

Timeline

<i>Start Date</i>	<i>Finish Date</i>	<i>Distribution Timeline</i>

Budget Range

<i>Minimum</i>	<i>Maximum</i>

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

Section Four

Step 11: Implementation

Step 12: Evaluation

Step 11: Implement campaign

Tools

- *Workbook—p59*
 - *Worksheet—p98*
-



Step 11: Implement Your Campaign

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.

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)

Step 12: Evaluation Summary

Questions	Indicator	Method

Section Five

Supplementary Materials