



*at the Centre for Health Promotion
University of Toronto*

Overview of Health Communication Campaigns

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The Health Communication Unit and its resources and services are funded by Ontario Ministry of Health Promotion. The opinions and conclusions expressed in this paper are those of the author(s) and no official endorsement by the funder is intended or should be inferred.

ACKNOWLEDGEMENTS

For their input and assistance in the development of this resource, THCU would like to acknowledge Peggy Edwards, Caroline Schooler, Elizabeth Pawliw-Fry and Larry Hershfield.

Version 3.2
March 26, 2007

Contents

Introduction	
Rationale and Effectiveness of Comprehensive Communication Campaigns	1
Steps 1 & 2	
Get Started	
Revisit Your Health Promotion Strategy	11
Step 3	
Get to Know Your Audience: Audience Analysis and Segmentation	21
Step 4	
Develop an Inventory of Communication Resources	27
Step 5	
Set Communication Objectives	29
Step 6	
Select Communication Vehicles and Channels	31
Step 7	
Combine and Sequence Communication Activities	43
Step 8	
Develop the Message	45
Step 9	
Develop a Project Identity	51
Step 10	
Develop Materials	55
Step 11	
Implement Your Campaign	59
Step 12	
Evaluate Your Campaign	61
Appendix A: Worksheets	79
Appendix B: References	100

Intro Definition, Rationale and Effectiveness of Comprehensive Communication Campaigns

This guide, developed by The Health Communication Unit (THCU) at the Centre for Health Promotion University of Toronto, provides a hands-on 12-step process to developing health communication campaigns (see Figure 1 on p.3). Each chapter is created according to the steps, with information on what the step is, why it's important and what's required to carry it out.

DEFINITION OF COMPREHENSIVE COMMUNICATION CAMPAIGNS

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.

This definition is 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).

Three Approaches to Communication— Media, Interpersonal Communication, and Events

A combination of media, interpersonal communication, and events has been found to be most effective in communicating health information. These three main types of communication work together to reinforce each other in the following ways:

- ▶ 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.

12 Steps Involved in Developing a Communication Campaign

Figure 1 outlines THCU's 12-step model for developing health communication campaigns. Subsequent chapters of this workbook explore each step in turn.

TCHU provides provincial and regional workshops, consultations and resource materials, that relate specifically to all of these steps.

Figure 1
Health Communication Action Steps

- 1 *Get Started*
- 2 *Revisit Your Health Promotion Strategy*
- 3 *Analyze and Segment Audiences*
- 4 *Develop Inventory of Communication Resources*
- 5 *Set Communication Objectives*
- 6 *Select Vehicles and Channels*
- 7 *Combine and Sequence Communication Activities*
- 8 *Develop the Message Strategy*
- 9 *Develop a Project Identity*
- 10 *Develop Materials*
- 11 *Implement Your Campaign*
- 12 *Complete Campaign*

Introduction

For a more indepth analysis of this topic, please refer to:

Health Communication & Community Mobilization: Complementary Strategies for Health Promotion.

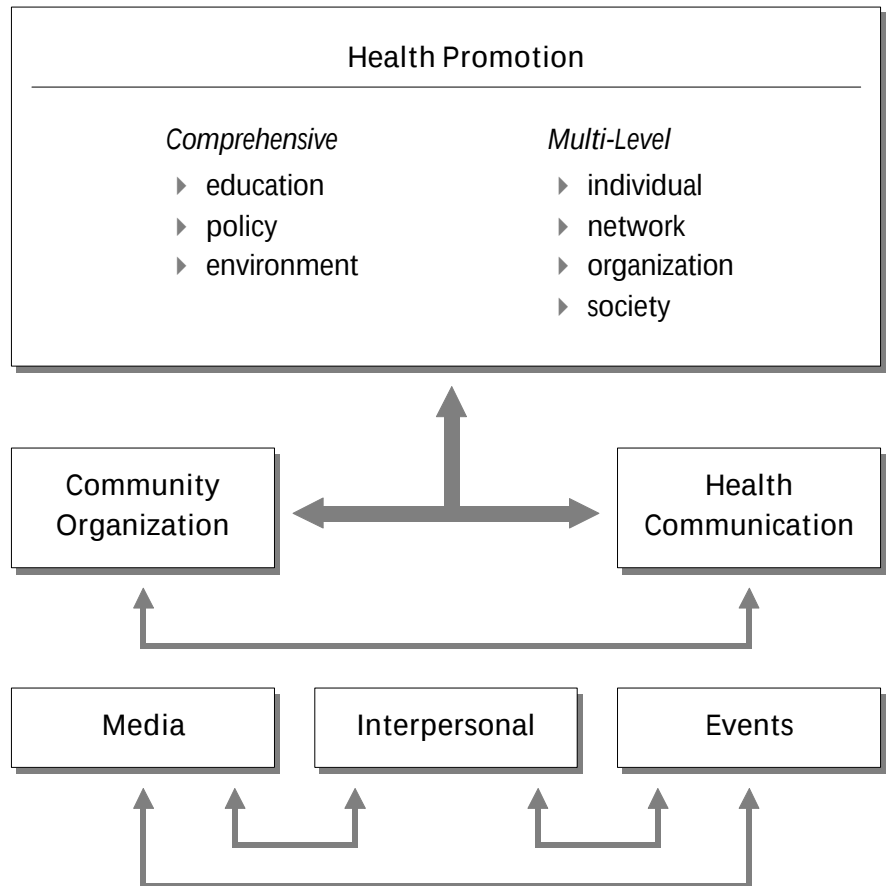
Brian Hyndman, THCU, 1995.

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A RATIONALE FOR HEALTH COMMUNICATION

This section provides a rationale for communication within the field of health promotion. It describes important relationships between health communication and key health promotion concepts—particularly community organization and comprehensive, multi-level approaches. It's been discovered that when communication and community organization are used together, each is strengthened. A combination of these strategies enhances our work in health promotion. (Please refer to Figure 2 and the Glossary.)

Figure 2
Health Communication
as Part of Health Promotion



Community Organization Strengthens Health Communication

By applying the principles of community organization to communication, our work is strengthened. For example:

- ▶ Pure communication practices tend to be persuasion- and marketing-oriented. However, communication that is combined with community organization helps define, reflect community values, and create a sense of ownership towards significant issues in a community;
- ▶ Community organization strategies also enhance the credibility of a health communication project or activity. Involving community-based spokespersons in a campaign increases credibility with the media, other gatekeepers and the public.

Health Communication Strengthens Community Organization

Health communication strengthens community organization by

- ▶ increasing knowledge, which is essential to gaining power. Power, as the ability to take control of and improve matters, is a desired outcome of community organization;
- ▶ increasing the size, diversity, and strength of the bonds within networks such as coalitions;
- ▶ developing an understanding of complex issues such as broad determinants of health; and,
- ▶ providing the most practical, achievable, immediate activities for community groups to pursue.

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.

Introduction

V. Freimuth and M. Kraus Taylor, *Are Mass Mediated Health Campaigns Effective? A Review of the Empirical Evidence*, (1993).

The Limitation of Communication Campaigns Done in Isolation of Other Strategies

When applied on their own—without complementary strategies such as community mobilization—the ability of some health communication campaigns to effect change is limited. In particular, a large body of evidence suggests that health communication campaigns relying exclusively on media appeals are not a sufficient means of changing attitudes and behaviour. In some contrast to the meta analysis found on this page, recent review of 24 published evaluations of health promotion programs revealed that media-alone interventions had little impact on behaviour (Redman, Spencer and Sanson-Fisher, 1990).

THE EFFECTIVENESS OF COMPREHENSIVE COMMUNICATION CAMPAIGNS

Empirical Evidence Supporting the Effectiveness of Mass Media Communication Campaigns

Mass media campaign evaluations were reviewed to determine their impact on awareness, information seeking, knowledge, attitude, behavioural intention and behaviour. All quantitative evaluations of U.S. health campaigns published since 1980 were included in this review. Impacts were found in the following areas:

Awareness all 15 evaluations reported changes in awareness. Simple recognition of messages was 46% (median). Increases in awareness before and after campaigns averaged about 25%.

Information Seeking mass media campaigns were generally successful in getting people to seek information, mainly through telephone information and referral services.

Knowledge 14 evaluations found impacts on knowledge. When we can be sure that the intended audience is exposed to the campaign, dramatic increases (as great as 60%) can occur. When exposure is not guaranteed but a campaign saturates a community, knowledge gains of about 10% are more likely.

Attitudes all but two of 16 evaluations found significant improvement in attitudes post-campaign. When exposure was guaranteed, as much as a 38% change in attitude was reported. In general, attitude change was modest.

Behavioural Intentions only three of seven evaluations reporting on changes in behavioural intentions showed clear evidence of change. Intention to change ranged widely from 19% to 73%.

Behaviour of 29 evaluations assessing behaviour change, 20 were successful and just 9 unsuccessful. The median change in those rigorously evaluated was 29%, with a range of 4% to 74%.

Seven Necessary Conditions for Successful and Effective Campaigns

- 1 Develop high-quality messages, sources and channels through needs assessment, applied theory and formative research
- 2 Disseminate the 'stimuli' to intended audiences, frequently and consistently, over a sustained period
- 3 Attract the attention of the potential receivers
- 4 Encourage favourable interpersonal communication about the issue
- 5 Change the awareness, knowledge, and/or behaviours of individuals
- 6 Cause societal change with supplemental community and government changes
- 7 Use summative evaluation to accumulate a systematic knowledge about the conditions of maximum impact

Based on:

B. Flay, and D. Burton, "Effective Mass Communication Strategies for Health Campaigns," in *Mass Communication and Public Health*, ed. C. Atkins, and L. Wallack, (Sage Publications, 1990).

Introduction

Components of Effective Health Communication Campaigns—
a Checklist

This checklist summarizes state-of-the-art knowledge in health communication campaigns research. It is based on a recent review of the literature and interviews with 29 leading scholars and practitioners. We have organized their findings according to our 12 step model. The effective health communication campaign:

*Steps 1 & 2:**Get Started**Revisit Your Health Promotion Strategy*

- ☐ involves key power figures and groups in mass media organizations and in government bodies in its design and implementation
- ☐ uses commercial marketing and social marketing strategies to increase effectiveness

*Step 3:**Audience Analysis and Segmentation*

- ☐ carefully targets or segments the audience it is intended to reach
- ☐ segments audiences using psychographic variables based on attitudes, values and beliefs, since demographic segmentation has been found to be relatively ineffective
- ☐ uses formative evaluation techniques to appraise and improve approaches during planning and in implementation
- ☐ uses pretesting to ensure messages have the expected effects on priority audiences
- ☐ addresses the existing knowledge and beliefs of priority audiences that are impeding adoption of desired behaviours

*Step 5:**Set Goals and Objectives*

- ☐ sets fairly modest, attainable goals for behaviour change
- ☐ addresses the larger social, structural and environmental factors influencing the health problems being addressed by the campaign or activity

*Step 6:**Select Channels and Vehicles*

- ☐ uses multiple media (TV, radio, print, etc.)
- ☐ combines mass media approaches with community, small group and individual activities
- ☐ uses celebrities to attract public attention to a health communication issue
- ☐ embeds a health communication message in an entertainment program
- ☐ is coordinated with direct service delivery components (e.g., hotline numbers for information or counselling) so that immediate follow-through can take place if behaviour change begins to occur

Adapted from:

Backer, T.E., Rogers, E.M. and Soporty, P.
Designing Health Communication Campaigns: What Works? Sage Publications, Newbury Park, CA, 1992.

- ❑ directs messages to people linked to the priority audience, especially those with interpersonal influence such as peers and parents
- ❑ chooses positive role models for social learning carefully, as these individuals may become negative role models through their actions
- ❑ combines public service announcements (PSAs) with other campaign activities since PSAs alone generally do not effectively bring about behaviour change
- ❑ uses the news media as a means of increasing visibility
- ❑ uses government as a source of funding and appropriate leadership on controversial issues

- ❑ repeats a single message
- ❑ carefully considers timing (e.g., when health communication activities are introduced, what other events are happening during their implementation, etc.)

*Step 7:**Combine and Sequence Your Activities*

- ❑ emphasizes positive behaviour change rather than the negative consequences of current behaviour (fear arousal is rarely successful as a campaign strategy)
- ❑ couples fear appeals (when used) with mechanisms for reducing the anxiety they create
- ❑ emphasizes current rewards rather than the avoidance of distant negative consequences
- ❑ communicates incentives or benefits for adopting desired behaviours that build on existing motives, needs and values of the priority audiences
- ❑ focuses priority audiences' attention on immediate, high probability consequences of healthy behaviour

*Step 8:**Develop the Message*

- ❑ makes deliberate efforts to resolve potential conflicts between evaluation researchers and message creators

*Step 12:**Complete Campaign*

Step 1 *Get Started*

FIVE ELEMENTS TO MANAGE

Step 1 is essentially project management. You, the communication campaign developer, must manage a number of elements, including

- ▶ meaningful participation of key stakeholders.
- ▶ time,
- ▶ money and other resources,
- ▶ data-gathering and interpretation,
- ▶ decision-making, and

THCU's communication campaign development revolves around 12 key steps, each of which involves these elements. From the outset, the developer must give careful consideration to all five, to manage them effectively throughout the 12 steps.

If these elements are ignored or not managed well, problems are likely to occur.

- ▶ Participation is critical to getting the best results—a lack of participation can lead to decisions being overruled, delayed, challenged, or questioned by internal or external stakeholders.
- ▶ Being late can result in missed opportunities, poor impacts, and stress to relationships with partners.
- ▶ Unanticipated costs create problems.
- ▶ Poor decisions may result if the information you base your decisions on is misleading, weak, or incomplete.
- ▶ Good decisions take time, creativity, and a supportive climate. Therefore, poor planning can result in poor decisions.

In the following section, we consider each of the key elements the campaign developer must manage.

The activities in Step 1 assume that you:

- 1) have an issue, topic or area of concern identified, or a potential project in mind;
- 2) developed a health promotion strategy*;
- 3) Included potential communication activities.

* For further details and related worksheets, please see THCU's workbook, *Introduction to Health Promotion Planning*.

Step 1

Meaningful Participation

Much has been written about “participation” in both the management literature and within health promotion and community development. These insights should be carefully reflected upon. From the outset, the planner must identify key stakeholders (e.g., the project team, funders, politicians, community partners, and the audience themselves). Then, the planner must consider roles (who will be informed, make decisions, provide information, or provide hands-on support). Substeps include:

- ▶ Identify the key stakeholders and their mandates
- ▶ Examine the desired directions and perspectives of the stakeholders

Time

The developer must consider the appropriate timelines for preplanning (Steps 1 through 4), planning (Steps 5 through 9), production (step 10), implementation (step 11), and evaluation (step 12). The appropriate timeline depends on a number of circumstances. Any number of variations exist.

Pre-planning is the foundation upon which all subsequent steps take place. We believe audience analysis and the other steps can take up to 50% of your time and resources. This can occur over several months, if the problem is complex and/or the project is new.

The actual planning could be done in two days or less, however we believe some time for reflection and consultation should be built into the timeline.

Production could take days, weeks, or months depending on the complexity of the materials being produced.

The time required for implementation varies. At THCU, we encourage people to think of campaigns as 3–5 year cycles with lots of time for building momentum, progressing through various stages and levels of change, etc. However, with deadlines, funding constraints, declining resources, and other pressures, organizations seem to be thinking in shorter and shorter time frames. Our response? Plan short term but with a longterm view!

Evaluation actually begins the first time a campaign is even contemplated, carries on throughout all phases to the end of implementation, and then takes several months for gathering, interpreting, presenting, and acting upon the findings.

Money and Other Resources

Good planners and organizations are wise to create an inventory of their resources on hand. This includes allocated budgets, both above-the-line costs for which funds must be found, as well as use of staff, equipment, and space which are already budgeted (called “below the line” costs). Other resources to be considered include expertise, contributions in kind from volunteers and partners, as well as other opportunities among the organization, partners, and the community at large. It's important to know what these are from the outset, and keep reviewing this inventory.

In the previous section on managing time, we considered calendar time as a one-way movement through key dates and deadlines. When we talk about budgets in this section, time is money. Every hour spent in the process costs money already allocated, or additional money as well as opportunities to do other things.

Data-gathering and Interpretation

In this area of project management, the developers gather and interpret existing and new data to support planning. This includes:

- ▶ Collecting existing or readily available data about your population (demographic, health status, socio-economic, environmental, behavioural, psychographic, etc.)
- ▶ Examining literature for research about projects, communities, issues related to your situation
- ▶ Examining information from previous evaluations of similar projects
- ▶ Identifying the information you are missing and still need
- ▶ Choosing a method for gathering information (unobtrusive methods, key informant survey, community forum, focus groups, mail/interpersonal communication or telephone survey)
- ▶ Gathering and analyzing the new data

Decision-Making

The heart of the decision-making process is Steps 5 through 9. Steps 5, 6 and 7, while presented separately, are intricately related as they detail what communication activities will take place, when, across which channels and vehicles, directed to facilitate what type of

Step 1

change among specific audience segments. Steps 8 and 9 are more specific decisions related to communication messages themselves. Step 8 focuses on the intended messages about the health issue, while step 9 looks at the intended messages related to organizational identity, the issue, and the goods and services the organization is offering. Steps 8 and 9 cannot be separated—you are known by your messages, and the impact of your message is shaped by your identity.

From the outset, the planner must consider which decisions will be taken when, by whom, and by what process (eg., is consensus required? how will priorities be set?)

STEP 1: HOW TO GET STARTED

A multi-part worksheet is provided in Appendix A. The early section allows space to answer some of the key questions raised in the preceeding discussion. The last part allows you to plan your process. For each step in THCU's 12 step process, space is provided to identify the target date, resources and roles for each activity within each step.

Step 1: Getting Started—Time

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

Tips for Getting Started

- ☐ Involve people in a meaningful way
- ☐ Look for contributions in kind, including student or community resources
- ☐ Double your original time estimates to be realistic

Step 2 *Revisit Your Health Promotion Strategy*

STEP 2: REVISIT YOUR HEALTH PROMOTION STRATEGY

Step 2 provides an opportunity to rethink your health promotion strategy. A good health promotion strategy is based on the collection of important data using a thorough situational assessment, involving communities of interest in meaningful ways, and making clear decisions about program goals and objectives.

Again, we like to stress what was stated in our rationale for communication campaigns—that is, communication supports good health promotion, rather than the reverse. For this reason, we have included Step 2 as an important stop along the way, to revisit your health promotion strategy, specifically your program goals and objectives.

The bottom line changes we wish to create:

- for individuals is maintaining a personal behavior change;
- for networks is creating social change among its members through opinion leadership and social influence;
- for organizations is changing policies—that is, their rules, incentives and rewards, sanctions and punishments, allocation of resources;
- for societies is changing its formal laws, as issues rise on the agenda and decision-makers respond to various publics.

Each of these is a different level of change, a different process, and each has many theories with literature to guide us.

Each level of change also represents health communication opportunities, because each has a key compelling primary audience for communication.

- At the individual level, the audience is the segment(s) most in need of the change and/or most likely to change.

We encourage you to use our Workbook, *Introduction to Health Promotion Planning*, to guide your strategy development.

Step 1

- At the network level, we focus on opinion-leaders.
- At the organizational level, we focus on decision-makers.
- And finally, in society, we look to the elected officials as our audience.

In health communication planning we might also identify secondary audiences. Secondary audiences are important because they can influence the primary audience. Sometimes, they act as simple communication channels to the audience, but other times their influence might be more active and powerful. If their assistance can be easily obtained, it might not be helpful to regard them as audiences. However, if you have to communicate extensively and persuade them to take action or change their position, they then become audiences in their own right.

For instance, at the organizational level, individual organizations might belong to informal networks of organizations, or associations of organizations, or be subject to community regulation. So, opinion leaders within the industry, association leaders, or government figures might be communication channels (part of your implementation plan) or audiences if more extensive work is required.

At the societal level, media, stakeholders, public opinion, and key staff are also secondary audiences.

The core of Step 2 is to revisit or modify your health promotion program objectives, including identifying designated audiences or populations of change at up to four levels. This provides a starting point for the more detailed action planning of your comprehensive health communication campaign within this broader health promotion strategy.

Creating Objectives at Four Levels of Change

As we've described, health promotion is intended to influence health behaviour at many points, including the individual, network, organizational and societal levels. In this section, we describe each of these four levels, along with examples of health promotion program objectives for each. Remember the larger, more complex levels are not merely aggregates of individuals; they have their own distinct structures and characteristics.

A health communication campaign should be designed to impact each level of change. In step 5, we develop health communication objectives at the individual, network, organizational and societal level.

Bringing about change at one level affects others. For example, as individuals become concerned about an issue, they will likely discuss it in their social networks (e.g., with friends, and family), which may eventually lead to changes within organizations (e.g., workplaces) and then to changes in public opinion and laws at the societal level. In the same way, changes at larger levels create powerful influences downward. These kinds of interactions can play an important role in enhancing the effectiveness of a long-term, community-wide communication campaign to promote social change.

The following section describes each level of change with accompanying examples of health promotion objectives.

Examples of Health Promotion Program Objectives

Individual

At the individual level, the most important health-related outcomes are health behaviours, physical indicators, health status and psychosocial improvements. Outcomes of intermediate interest are those that precede changes in health behaviour, including awareness, knowledge, attitudes, self-efficacy, and skills for behaviour change.

- ▶ To increase behaviours or behavioural intentions for certain activities (such as daily physical activity)
- ▶ To increase maintenance of behaviour changes

Network

Characteristics of social networks have a profound impact on health. Health communication campaigns can seek to shape the nature and quality of information within a network and they can influence its flow in a social group. Influential persons or opinion leaders are an important point of entry into a social network. These leaders can be recruited to interpersonally affect other network members.

- ▶ To change the communication behaviour (content of discussions, frequency of discussions, etc.) in a group of friends or co-workers, family or other network

Organizational

Organizational settings include worksites, schools, primary health care settings, supermarkets and other retail food outlets. Organizations, however, are not merely channels for communication messages. They are also sites for change. Specifically, health promotion initiatives aimed at the organizational level can: (a) influence organizational structure in ways that will support individual-level behaviour change; (b) shape organizational policies, resources, facilities, activities and norms; and (c) influence organizations to become healthy models for other community organizations.

- ▶ To increase policy changes, programs, allocation of resources, redesign of physical environment, information flow within an organization

In the context of health communication, campaign designers can use organizations as message delivery channels to (a) reach defined

Step 1

priority audiences; (b) tailor messages and materials to specific contexts; and (c) multiply their efforts by using existing organizational resources (e.g., social support, instructional expertise, facilities).

Societal

- To develop policies, laws, allocation of resources, facilities, programs at a community or societal level

Societal influences shape human health and behaviour. Societal factors such as normative behaviour, laws and policies, and the physical and information environments play an important role in shaping and enabling health actions at the three other levels of change (i.e., individual, network, organization). The health communication campaign can mobilize public opinion and otherwise advance policy initiatives.

STEP 2: HOW TO REVISIT YOUR HEALTH PROMOTION STRATEGY

Health Promotion Program Goals and Objectives

Assuming you haven't already done so, the "how-to's" for Step 2 can involve creating goals and objectives for your health promotion strategy. (or simply revisiting them). Use the blank worksheet provided in Appendix A and follow these steps to help with this task:

Develop Your Goal. Describe the ultimate outcome in concrete, positive terms, usually aimed at everyone in the population of concern.

Step 2: Develop Goal and Objectives
Identify Audiences, Develop Objectives and Indicators

Goal:	
Audiences	
Looking at the key factors and the data/research you have done for your community, which groups of people or factors require special attention to achieve the goal? (e.g., pregnant or breastfeeding women living in high risk circumstances, children in low income families, seniors)	
Audiences	Key aspects that need attention
Objectives	
Develop objectives for each audience which include the key aspects of attention (e.g., That hospital policies promote and support breastfeeding)	

Identify Audiences. Identify key groups or populations (audiences) who require special attention to reach the goal and the key aspects that need attention for each group. Consider audiences at each of the four levels we've described: individual, network, organization, society.

Develop Objectives. Develop objectives for each population and key aspect. State them in terms of positive outcomes.

CREATING OBJECTIVES AT FOUR LEVELS OF CHANGE

A Menu of Objectives

Individual

- ☐ To increase awareness of risk factors, personal susceptibility, solutions, health problems
- ☐ To increase knowledge (recall, comprehension, analysis, synthesis) of ideas and/or practices
- ☐ To increase knowledge of local services, organizations (promotion)
- ☐ To change (or maintain) attitudes (increase favourable attitudes; decrease unfavourable)
- ☐ To increase motivation in making and sustaining change
- ☐ To increase information seeking
- ☐ To increase perceived social support
- ☐ To increase confidence about making behaviour changes (self-efficacy)
- ☐ To increase thinking, social and/or behaviour skills

Network

- ☐ To increase favourable knowledge and attitudes held by opinion leaders
- ☐ To increase supportive activity (number of health conversations; number of additional people with whom they discussed health issues) by opinion leaders (“champions”)
- ☐ To increase number and kinds of health-related interactions within networks
- ☐ To increase favourable social influence/norms within networks
- ☐ To increase social support for positive changes by network members

Health Communication Objectives

Like health promotion program objectives, health communication objectives can also be developed at each of the four levels of change. See Step 5.

Step 1

Organizational

- ☐ To increase the likelihood that gatekeepers, decision-makers and other influential people within organizations consider the possibility of change and/or adopting specific programs
- ☐ To increase the importance attached to an issue and the necessity for change (building an agenda)
- ☐ To increase the organizational information base required for change – not only quantity (information environment) and quality of information, but also visibility and level of promotion
- ☐ To increase organizational confidence and competence in making changes

Societal

- ☐ To increase the importance communities and society attach to an issue, by increasing mass media coverage, discussion by politicians, etc (agenda setting)
- ☐ To increase societal values and norms (attitudes and opinions) which are supportive (public opinion)
- ☐ To increase activity directed to producing change, such as collaboration among community groups

Step 3 *Get to Know Your Audience:* *Audience Analysis and Segmentation*

AUDIENCE ANALYSIS

The third step in creating a health communication campaign requires you to develop a better understanding of your audience—based on their preferences, needs, demographics, health behaviours, media interests and other characteristics. This information allows you to better predict behaviours and develop messages that appeal to your audience using the channels and vehicles that will reach them.

Specifically, audience analysis consists of the gathering, interpretation, and application of demographic, behavioural, and psychographic information related to audiences of interest. Audience analysis helps to:

- ▶ segment an audience into smaller 'chunks'
- ▶ develop priority segments
- ▶ select the objectives most appropriate for an audience
- ▶ select the best channels, vehicles to reach an audience
- ▶ develop messages that are relevant to an audience
- ▶ plan and evaluate more easily

Audience analysis consist of the gathering, interpretation, and application of demographic, behavioural, and psychographic information related to audiences of interest.

SEGMENTATION

As described above, gathering information to get a better understanding of your audience also helps you to divide it into smaller, similar groupings. Segmentation, then, is the process of breaking down a large audience into a smaller number of subgroups that are as homogeneous as possible and as different from each other group as possible.

Dividing a large population into homogeneous subsets of priority audiences helps to better describe and understand a segment, predict behaviour and formulate tailored messages and programs to meet specific needs. It also helps to set objectives that will reflect your

Segmentation is the process of breaking down a large audience into a small number of subgroups that are as homogeneous as possible and as different from each other group as possible.

Step 3

overall goal. The importance of segmentation cannot be stressed enough. Without it, we try to reach “everyone” in the general population but are less effective with the group(s) we really want to reach.

TECHNIQUES FOR COLLECTING AUDIENCE ANALYSIS DATA

You will want to use a variety of information:

some existing, some new

some qualitative, some quantitative

some requiring significant resources to collect, some requiring little or no additional resources to collect

Focus Groups

A type of qualitative research in which an experienced moderator leads about 8–10 respondents through a discussion of a selected topic, allowing them to talk freely and spontaneously.

Purpose

- ▶ to get in-depth information about beliefs, perceptions, language, interests, concerns
- ▶ testing out and gaining reactions to concepts, issues, audiovisual or print materials, or logos/other artwork.

Resources Needed

- ▶ discussion outline
- ▶ trained moderator
- ▶ list of respondents
- ▶ meeting room
- ▶ tape recorder
- ▶ VCR (for audiovisual materials, if required)

Pros

- ▶ group interaction/length of discussion = more in-depth responses
- ▶ can discuss concepts prior to materials being developed
- ▶ provides more opinions at once
- ▶ quick process
- ▶ can cover multiple topics

Cons

- ▶ too small for consensus or decision-making
- ▶ no individual responses (group influence)
- ▶ can be expensive
- ▶ self-selection bias — respondents who choose to attend may not be typical of the key audience

Individual Interviews

Purpose

- ▶ to probe for individual's responses, beliefs, discuss range of issues

Uses

- ▶ to develop hypotheses, messages, potentially motivating strategies
- ▶ to discuss sensitive issues related to complex draft materials

Respondents

- ▶ 10 per “type” of individual

Resources Needed

- ▶ discussion guide/questionnaire
- ▶ trainer/interviewer
- ▶ list of respondents
- ▶ telephone or quiet room
- ▶ tape recorder

Pros

- ▶ in-depth responses may be different
- ▶ can test:
 - sensitive or emotional materials
 - complex/longer materials
- ▶ understand “hard to reach” audiences
- ▶ works well for those with limited reading/writing skills

Cons

- ▶ time consuming to conduct/analyze
- ▶ expensive
- ▶ may not provide any firmer conclusion or consensus

THCU has developed three workbooks: Evaluating Health Promotion Programs, Using Surveys for Evaluating Health Promotion and Using Focus Groups for Evaluating Health Promotion. They are available from THCU, and at our website at www.thcu.ca.

Intercept Interviews

Interviews conducted with respondents who are stopped for a short time at a busy place frequented by people typical of the desired audience.

Step 3

Introduction to Evaluating Health Promotion Programs, Using Surveys for Evaluating Health Promotion and Using Focus Groups for Evaluating Health Promotion contain practical information relevant to this step and are available from THCU or on our website at www.thcu.ca

STEP 3: HOW TO ANALYZE YOUR AUDIENCE

Audience analysis is a critical step in planning a communication campaign. Below is a list of key things you need to know about your audience in order to segment it and create the right messages delivered through the appropriate channels.

You'll also have to decide on the right method for collecting this information. Please refer to the previous section to help make your decisions about which audience analysis techniques to use.

Use this section to guide your audience analysis, along with the blank worksheet in Audience Profile Appendix A.

MENU OF AUDIENCE ANALYSIS QUESTIONS

Demographic Characteristics

- ▶ What is the gender breakdown of your audience and/or audience segments?
- ▶ What are their age ranges?
- ▶ What is/are some of the most typical or representative occupations? Are they from professional, white collar, blue collar, skilled or unskilled occupations?
- ▶ What is the income range of your audience? What is the average, most common?
- ▶ What is the range of formal education among your audience? What is most common?
- ▶ What is their family situation—for example are they two parents with children, single parents, or single persons?
- ▶ Where do they live and work—in urban, rural, suburban settings?
- ▶ What are some of the cultural characteristics? Is the audience culturally diverse?

Behavioural Characteristics

- ▶ What is their actual current behaviour? Provide a detailed picture of the behaviours in question (e.g., smoking, dietary fat intake, exercise, etc.).
- ▶ What benefits do they derive from their current behaviour?
- ▶ What is their readiness for change? What would the audience members give up to make the change? What would they gain?
- ▶ What social or medical consequences are your audience members experiencing already?
- ▶ What might they be vulnerable to, based on family history and patterns in the community?

! In case of broader audiences, such as network opinion leaders, organizations, and communities, the questions can be adopted, modified, or dropped.

Psychographic Characteristics

- ▶ What are the fundamental values and beliefs among your audience? What is most important to them?
- ▶ What are some of their key personal characteristics?
- ▶ Where do they get their health-related information? Which media, interpersonal channels, and events are they exposed to?
- ▶ What organizations and social networks do they belong to?
- ▶ How do they spend their time and dollars? What are they interested in? Describe their lifestyle.

Demographics
Behavioural
Psychographic

Tips for Audience Analysis

- ☐ Be sure to use existing sources of information (for example, see THCU's "Guide to Audience Analysis," and THCU's links to related Websites.
- ☐ Create new knowledge using simple and inexpensive techniques.
- ☐ Use your own and other staff's experience and expertise, but being careful about stereotypes and other biases.
- ☐ Tap into existing "groupings" of your audience to investigate their needs, preferences and other characteristics.
- ☐ Involve your intended audience in meaningful ways.
- ☐ Compare and contrast (triangulate) your findings for the best results (e.g., mix qualitative and quantitative data).
- ☐ Try writing a description of each segment within your audience (that is, a subgroup for which you will use different messages and/or different communication channels and vehicles to reach them.
- ☐ Try to visualize and describe one imaginary individual, group of individuals (network), organization or community that defines your audience segment.

Step 4 *Develop an Inventory of Communication Resources*

COMMUNICATION RESOURCES IN YOUR COMMUNITY

In Step 4, you assess communication resources available in the community. At this point, think about the alliances or good relationships you may have with different individuals (e.g., the radio station manager or the local newspaper editor) and organizations (e.g., a workplace, advertising firm, etc.). You need to assess the ease of getting your campaign message inserted or delivered through these resources, as well as the associated costs, strengths and weaknesses each resource brings. It's also a good time to think of other relationships that need strengthening should you choose to approach different people or agencies for your campaign. In this way, creating an inventory of what you have available means you can see the possibilities for your communication campaign. You can determine what is currently available—particularly those resources available at relatively low cost and without too much of a struggle.

This step is important because it prepares you for setting communication goals and objectives (Step 5) and more importantly, guides you to pick the channels and vehicles that will work best in getting your message out to the identified audience (Step 6).

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

B Interpersonal Communication

Presentations

Training

Informal Networks

Clinical Settings

C Events: Contests, Fairs, Fundraisers, etc.

Community-wide

Specific Group

STEP 4: HOW TO DEVELOP AN INVENTORY

Gather a group of individuals from your organization or from partner agencies to brainstorm on the communication resources available to you in the community.

Develop a list of communication resources using the worksheet provided (including media, interpersonal communication, and events).

For each resource, determine the following:

- ▶ contact person and strength of relationship with someone in your group
- ▶ ease of getting your campaign message inserted or delivered through the communication resource
- ▶ cost factors associated with using each resource
- ▶ strengths and weaknesses of the resource.

Tips for Developing an Inventory of Communications Resources

- ☐ For interpersonal communication, think of people who could serve as local champions/spokespersons.
- ☐ Consider fun, exciting, accessible sites to hold a launch or big event during the campaign.
- ☐ Consider your allies: be sure to list individuals and organizations with which you have a good relationship.
- ☐ Assess the ease and cost factors associated with different communication resources in the community.
- ☐ Share information.

Step 5 *Set Communication Objectives*

As you will recall, in Step 2 you revisited your health promotion program strategy. In Step 5, we set communication objectives that will support your overall health promotion program.

In general, any communication program should include the objectives of reaching its intended audience, being attended to and being recalled. In this step however, we are talking about specific changes in the audience that the communication is intended to create or support.

This is a crucial step—as is setting all objectives—in terms of planning, implementation, and evaluation. But specifically in this case, the communication objectives must be aligned with the overall health promotion program objectives (Step 2) and must be relevant to communication activities and reasonable. If this is not the case, the communication elements of the health promotion program will not contribute to what is required.

These communication objectives must be clear and specific since subsequent decisions rest on them—that is, the correct way to reach people will vary greatly with the objectives, as will the message strategy and approach, as well as the ultimate communication product itself.

Finally, setting well-thought-out communication objectives is crucial for communicating to others your plan for the campaign, and the outcomes you hope to see.

Setting good objectives—ones that are **SMART**—is essential to being able to evaluate your campaign. Without adequately defining your communication objectives, it will be very difficult to measure what you achieve.

SMART Objectives

S pecific
M easurable
A ttainable
R ealistic
T ime-limited

Health Program Goals and Objectives
Individual
Network
Organizational
Societal

STEP 5:

HOW TO SET COMMUNICATION OBJECTIVES

As we've described, this step is intended to develop communication objectives that will support your overall health promotion program strategy.

Begin by writing down the overall health promotion program goal and objectives that you identified in Step 2.

At each or all of the levels, consider one or two steps along the way to which communication can contribute. These are the beginnings of your communication objectives.

Use the menu of communication objectives found in Step 2 to assist you in writing your objectives.

Use the Step 5 worksheet in Appendix A to record your communication objectives.

Tips for Setting Communication Objectives

- ☐ In developing your objectives, do not worry *at this point in time* about whether media, interpersonal communication and/or events will be used in the campaign.
- ☐ Remember, at some later point in planning, to make your objectives SMART (Specific, Measurable, Attainable, Realistic and Time limited).
- ☐ Create a reasonable number of objectives (1–2 for each level for a total of 4–8 across all 4 levels).
- ☐ Remember that all messages should be created to ensure exposure, attention and recall. Consider these “outcomes” in developing additional communication objectives.
- ☐ Remember that any communication campaign is intended to:
 - ▶ provide information,
 - ▶ outline benefits and incentives,
 - ▶ suggest courses of action, and
 - ▶ signal (cue) an opportunity for action.

Step 6 *Select Communication Vehicles and Channels*

SELECTING COMMUNICATION CHANNELS AND VEHICLES: IMPORTANT CONSIDERATIONS

The sixth step in developing a health communication campaign involves selecting the right channels and vehicles to deliver your message. At this stage, it is important to find channels and vehicles that will work best—for your audience, your communication objectives and your budget. Choosing the right channels and vehicles for your campaign is essential to achieving maximum impact, and to reaching the audience on which you've decided to focus. Step 6 will also prevent you from committing resources to something that won't help you reach your objectives. Three main factors contribute to your decision for channels and vehicles: reach, cost, and your communication objectives.

Channels The way in which a message is sent (via tv, radio, interpersonal communication, etc)

Vehicles Specific ways to deliver messages through the channels (PSAs, ads, presentations, etc.)

Reach

The first consideration in selecting the best channels and vehicles for your communication project is reach. *Reach* is a product of:

Audience size How many people will you reach? how often will they see a message in a given channel/vehicle? will they share it with others?

Multiplicative power The likelihood the message will interact with other campaign elements to increase the number of people who see it (e.g., a TV PSA promoting use of a self-help booklet);

Specificity The ability to reach a narrowly defined priority audience.

Cost

Cost refers to the expense incurred to produce and disseminate the message and is also a major consideration in selecting vehicles and channels. Cost is addressed directly in material development (Step 10).

Fitting Channels and Vehicles to Your Communication Objectives

The third consideration relates to the specific communication objective(s) you are trying to achieve since certain channels and vehicles are better suited to some objectives than others. These considerations are described in the following section.

Step 6

FITTING CHANNELS AND VEHICLES FOR YOUR COMMUNICATION OBJECTIVES: GENERAL PRINCIPLES

Media

Media (particularly, mass media) are generally the least involving, interactive way to reach people. For this reason, mass media are best suited to simple and easily understood messages that do not need feedback.

Interpersonal Communication

Interpersonal communication can usually accomplish the same objectives as media, but allows for much greater audience participation. In this way, interpersonal messages are well suited for situations where the audience needs interaction, feedback, and a chance to shape the communication.

Events

Events have elements of both media and interpersonal communication. This type of communication approach reaches large numbers of people through the mass media, but gives more opportunity for involvement and participation on the part of audience members through interpersonal interactions.

These three types of communication approaches are not interchangeable, however. Although interactive and involving channels are more powerful, mass media can be cost-effective and are best suited for certain types of campaign objectives.

Overall, interpersonal communication accomplishes much of what media do and community events cover much of what both media and interpersonal communication each do alone.

FITTING CHANNELS & VEHICLES TO YOUR COMMUNICATIONS OBJECTIVES AT INDIVIDUAL, NETWORK, ORGANIZATIONAL AND SOCIETAL LEVELS

If you hope to meet the objectives you've set at the individual, network, organizational and societal level, it's important to select the best channels and vehicles that can support each of these.

Individual Objectives

Media

Media messages can efficiently and powerfully increase individuals' awareness of a health topic, enhance knowledge of facts relevant to the health topic, influence people's attitudes about the topic, enhance perceptions of self-efficacy to achieve healthful behaviour change, and demonstrate skills necessary to successfully change behaviour.

Interpersonal Communication

The more interactive nature of interpersonal communication is likely necessary to motivate people to actually modify their behaviour. This channel is best suited to mobilize people's actions and help them maintain healthful behaviour changes. In addition, interpersonal interactions can provide social support for people engaged in behaviour change attempts.

Community Events

Community events such as contests, fun walks, fairs and marathons provide incentives that can help stimulate people to change their behaviour. Events also serve as cues to action. They provide a salient, well-publicized and public opportunity to engage in healthful activity such as exercise and eating healthfully.

Network Objectives

Media

Messages disseminated via the mass media can stimulate opinion leaders to discuss a health topic, rendering it more salient for network members. In addition, the media can also be used to reinforce existing healthful norms, such as not smoking or not drinking and driving.

Step 6

Interpersonal Communication

A health campaign can effectively use change agents (e.g., teachers, health professionals, group leaders) to diffuse information about a health topic among a social network. The interactive nature of these exchanges is important to generate social influences, promote a healthful behaviour change and provide social support to encourage and reinforce those who are making changes.

Community Events

Community events can provide opportunities for members of social networks to communicate interpersonally in regard to a health topic. These discussions may include sharing information, advice, skills or support. In addition, events can provide incentives and cues (publicity, facilities, availability of teachers and equipment) to motivate people to action. Furthermore, the public nature of community events provides social support that can influence attendees' social networks.

Organizational Objectives

Media

Media messages can be effectively tailored for gatekeepers in organizations (e.g., those who make policies, control resources, plan activities). The mass media can be used to increase gatekeeper knowledge, and also to enroll the support of these people in pursuing beneficial changes in regard to a health topic. Moreover, specialized media such as workplace newsletters can effectively diffuse information on a health topic among members of an organization. These types of media activities can also promote “agenda-setting,” whereby a topic becomes more important in people's minds.

Interpersonal Communication

Interpersonal interactions such as classes, support groups and lectures can enhance the efficacy of individual members, and the collective efficacy of the organization to engage in healthful behaviour change. Moreover, this more involving type of communication can be used to influence the types of activities organizations endorse and support, as well as the variety of resources provided for members, policies regarding health behaviour (such as smoking bans) and availability of facilities that contribute to healthful lifestyles (such as exercise equipment, child care, healthy food in the cafeteria, etc.).

Community Events

Organizations are frequently interested in participating in community events because of the public relations benefit. Events therefore can be effective in encouraging organizations to become involved in healthful activities in which incentives and cues to action are provided for organization members. Moreover, because many organization members can participate in events, the opportunity for social support is significant.

Societal Objectives

Media

Mass media effectively and efficiently reach a large proportion of the people in a society. The messages people receive on a health topic make up the information environment for that topic. Messages are typically healthful (e.g., articles about nutrition, exercise) and unhealthful (e.g., ads for unhealthful products). A communication campaign can work to spread healthful messages and thus create a more healthful information environment. Coverage of a health topic in the media can increase the salience of the topic in people's minds, a process called agenda-setting. The type of information available to people and the prominence of this information also influences public opinion about health topics.

Interpersonal Communication

Providing the opportunity for discussion and interaction on a health topic leads to increased interpersonal communication, which allows for information sharing and social support. These social processes can shape how members of a society perceive a health-related behaviour. This changed perception can shift norms to proscribe unhealthful behaviour and reward healthful activities.

Community Events

Lobbying, circulating petitions, organizing marches and protests are examples of community events that can have societal-level impact. By mobilizing political support for a health topic, health campaigns can shape policy and laws, influence public finance decisions and shape resource allocation. These changes create an environment that is supportive of health.

Step 6

OTHER IMPORTANT CHARACTERISTICS OF CHANNELS/VEHICLES

The following characteristics of channels/vehicles influence how powerful a message will be and the type of objectives it may be best able to meet.

Complexity A channel/vehicle's complexity determines how easily (or not) audience members can understand the information presented in a message. For example, complicated graphs and numbers would best be presented using print so they could be examined and explained in sufficient detail. TV, on the other hand, often provides graphic and compelling images that effectively stir emotions and dramatize simple facts.

Duration Duration is characterized by how long a message lasts. In radio and TV messages fly by quickly and then are gone. Print materials last considerably longer and can be kept by audience members to review at their convenience.

Interactivity Interactive channels/vehicles provide opportunities for the audience member to ask questions, make comments, influence the message. In a classroom situation, for example, students are able to ask for clarification or more information. This interaction is not possible when we use traditional mass media messages. We are now finding that new technologies (e.g., computers and interactive video discs) allow for more audience participation.

Opportunity for Receiver Control Opportunity for receiver control is the extent to which audience members can control the pace of the information as it is delivered. For example, with print, audience members can read at their own pace, repeating sections as necessary. With fast paced TV messages, the viewer cannot slow down or go back.

Repetition Repetition is the ease and likelihood audience members will see a message over and over again. For example, the average person only views a billboard for about five seconds. However, they see the message many times repeatedly to and from work or running errands.

Message Preservation Message preservation is the likelihood that a message will be retained and preserved by audience members. An individual may keep a brochure for a long time and to refer to it on different occasions for information. In contrast, broadcast messages are aired and then disappear.

STRENGTHS AND WEAKNESSES OF CHANNELS AND VEHICLES

At this point, it is useful to have some general rules about communication channels and vehicles themselves. We need to understand their strengths and weaknesses or limits.

Below is a list of pros and cons for various channels and vehicles, created during brainstorming sessions at early Overview workshops.

We thank those participants for their expertise and knowledge.

A. Media

	<i>Strengths</i>	<i>Weaknesses</i>
Print	▶ large reach; can be free or low cost ▶ information can be kept and shared ▶ works well with complex messages	▶ literacy implications ▶ possibly low emotional appeal ▶ cost barrier
Newsletters	▶ reaches opinion leaders; low cost ▶ message preservation high; responsive	▶ labour intensive; requires dedicated people ▶ preaching to the converted ▶ literacy may be an issue
Radio	▶ large reach; specific ▶ can be low cost / free (e.g., community-based radio) ▶ interactive (e.g., phone-in shows) ▶ timely & repetitive ▶ possible use of celebrities ▶ possible access to creative team ▶ literacy not an issue	▶ high cost; no guarantees PSAs will be played ▶ staff discomfort with live interviews ▶ no visuals ▶ no control over placement (if free) ▶ can only reach a specific group (station dependent) ▶ limited to reception area of radio
Television	▶ extensive reach; can be free (cable) ▶ different target groups reached ▶ impact of visuals	▶ very expensive or limited to cable stations ▶ high level of complexity possible ▶ not everywhere like radios, (e.g., in cars, etc.)
Outdoor	▶ wide reach ▶ can be inexpensive (e.g., posted flyers) ▶ at times, captive audience (e.g. transit) ▶ high message repetition and duration ▶ geographically focused ▶ visuals can have great impact	▶ can be expensive (e.g., billboards) ▶ low specificity (e.g., may not reach specific audiences) ▶ short, simple messages only

Step 6

Telephone	▶ confidential; personal/private ▶ interactive; can follow up ▶ can direct efforts to specific groups ▶ inexpensive if a pretaped response	▶ cost can be high (expensive & labour intensive if staffed) ▶ intrusive ▶ onus on individuals to call (if a hotline)
Mail	▶ reaches specific area (e.g., postal code) ▶ information can be kept; can follow-up ▶ appeals to visual learner ▶ if directed, 'named' individuals will read	▶ cost can be high ▶ can get lost (e.g., junk mail) ▶ misses low literacy groups ▶ can create negative associations
Point of Purchase	▶ timely; immediate reinforcement ▶ can be interactive (e.g., demonstrations) ▶ info where it is needed; effective targeting ▶ good opportunity to partner	▶ relatively small reach ▶ loses effectiveness over time/need to change ▶ may discriminate low income ▶ difficult to partner if controversial ▶ depends on others to get message out
Curricula	▶ requires expert writers ▶ reaches select and captive audience ▶ interactive ▶ higher likelihood of being used	▶ small reach ▶ often inconsistent implementation (time spent, teacher confidence / importance of issue, etc.) ▶ possible low receptivity
Computer-based Communication	▶ large reach but select audience ▶ interactive ▶ more youth friendly ▶ can control info received (e.g., CD Rom)	▶ select audiences; literacy barrier ▶ high cost for equipment ▶ requires skills and training ▶ if on CD-ROM cannot easily update

B. Interpersonal

Presentations	<i>Strengths</i> ▶ interactive ▶ specific & captive audience ▶ information can be timely ▶ can provide handouts to retention ▶ can control content ▶ good presenter can provide high motivation	<i>Weaknesses</i> ▶ relatively small reach; attracts the "converted" ▶ costly in terms of time and resources ▶ poor retention ▶ personal bias/beliefs of presenter ▶ inconvenient for people who work, parents, etc
Training	▶ reaches specific audience ▶ strong multiplicative power ▶ can build skills; peer to peer support ▶ interactive ▶ builds community capacity	▶ attendance may be "forced," resulting in low motivation ▶ different learning styles; knowledge levels ▶ limited one-on-one consultation ▶ commitment to follow-through not guaranteed

C. Events

	<i>Strengths</i>	<i>Weaknesses</i>
Informal Networks	▶ interactive; specific ▶ comfort of cultural similarities, small group (familiar, safe) ▶ may encourage work at societal levels, etc. or in other areas of life ▶ provides access to other networks	▶ information can be biased or unreliable ▶ focus on experience may be narrow ▶ requires a certain personality ▶ can be clique-ish, exclusive ▶ limited, homogeneous group
Clinical Settings	▶ large reach; captive audience ▶ credible source for many ▶ up-to-date, specific and in-depth info ▶ presenting for a specific reason	▶ small reach; audience may be inhibited ▶ client preoccupied, e.g., with pain / fear ▶ difficult to sell idea / message to health prof. ▶ traditional medical model/ treatment oriented
Community-wide	▶ social support provided ▶ large reach ▶ interactive and fun ▶ high visibility; high level of interest ▶ opportunity for media coverage	▶ difficult to follow-up and evaluate ▶ can't tailor a specific group/public ▶ labour and resource intensive ▶ short lifespan
Specific Group	▶ captive audience; direct/specific ▶ provides immediate feedback ▶ evaluation easier; cost benefit relationship	▶ narrow focus; reaches only a few ▶ higher cost to reach fewer individuals ▶ labour intensive (time); low visibility ▶ no spillover to other communities ▶ special needs requirements

Step 6

Audience	channels and vehicles		
Individual			
Network			
Organizational			
Societal			

Step 6 Channels and Vehicles Worksheet

STEP 6: HOW TO SELECT COMMUNICATION CHANNELS AND VEHICLES

The purpose of this step is to select communication channels and vehicles for a given communication objective and audience.

To assist in this process, refer to the list of communication channels and vehicles on p. 42.

Review this chapter to assist in your decision making.

Use the blank worksheet in Appendix A to select your channels and vehicles.

Tips for Selecting Communication Channels and Vehicles

- ☐ Consider radio and specific magazines as a more effective way to reach certain audiences (e.g., teenagers via rock music)
- ☐ Remember that radio also provides an opportunity for direct audience involvement using call-in show formats
- ☐ Consider TV for reaching low income and other audiences who may not be as likely to seek health information from other sources
- ☐ Use newspaper to reach large audiences with good literacy levels quickly
- ☐ Always aim for a combination of media, interpersonal communication and events
- ☐ Remember to consider the important variables of reach (audience size, multiplicative power, specificity), cost and fit to your objectives.

Adapted from:

*Making Health Communication Programs
Work: A Planner's Guide*, USDDHS, 1992.

A MENU OF CHANNELS AND VEHICLES

A Media

- ☐ **Print** news, editorials, features, ads, supplements, comics, posters
- ☐ **Newsletters** shoppers, neighbourhood weeklies, worksite publications, organizations
- ☐ **Radio** ads, PSAs, speakers, phone-in
- ☐ **Television** ads, PSAs, news, entertainment, movies, special events, documentary
- ☐ **Outdoor** billboards, transit shelters, LED signage
- ☐ **Phone** direct sales, infoline (tape or live), ordering process, hotline
- ☐ **Mail** magazines, brochures, letters, direct mail pieces, trial offers, letters, etc.
- ☐ **Point of Purchase** brochures, posters, POP displays, demos, videos
- ☐ **Curricula** overheads, audio-visual, handouts
- ☐ **Computer-based communication** bulletin boards, e-mail, Websites, CDROMs
- ☐ **Displays**

B Interpersonal Communication

- ☐ **Presentations** speeches
- ☐ **Training** courses, speeches, self-help groups
- ☐ **Informal networks** peers, families, opinion-leaders
- ☐ **Clinical settings** physicians, social workers, teachers, nurses

C Events

- ☐ **Community-wide** contests, fairs, marathons, fund raisers, rallies
- ☐ **Specific group** conferences

Step 7 *Combine and Sequence Communication Activities*

Combining and sequencing communication activities follows as the next step in developing a health communication campaign. In this step, communication activities are laid out on a timeline and put together logically according to audience needs, opportunities and/or competing messages or events in the environment. This step is important because it provides a way to sustain energy and resources over the life of the campaign and provides an opportunity to build the campaign message over time.

A communication campaign aimed at individuals should address the specific elements of behaviour change along a continuum, tuning in to where the audience currently is at and then building from there.

Elements of a behaviour change continuum might include:

- ▶ Awareness
- ▶ Information seeking
- ▶ Knowledge
- ▶ Attitude formation
- ▶ Behavioural intentions
- ▶ Behaviour

In this way, activities or events should be sequenced based on a knowledge of audience needs. It's highly ineffective to tell people how they might change their behaviour if they are not first aware of the issue.

Based on McGuire's *Hierarchy of Effects Model*, 1984.

Step 7: Combine and Sequence Activities

Activity:

General Timeline:

Individual Timeline

Network Timeline

Organizational Timeline

Societal Timeline

HOW TO COMBINE AND SEQUENCE ACTIVITIES (DEVELOP A CALENDAR OF EVENTS)

Step 7 builds upon Step 5 (where we set communication objectives) and Step 6 (where communication channels and vehicles were identified).

The aim of this step is to put communication activities at the four levels of intended change in sequence, and arrange them along a timeline.

Use the blank worksheet in Appendix A to record your timelines.

Tips for Combining and Sequencing Communication Activities

- ☐ 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 news story that has short duration 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).

Step 8 *Develop the Message Strategy*

CREATING THE RIGHT MESSAGE FOR YOUR AUDIENCE

In Step 8, we define the message elements and approach, based on all the careful research and decision-making undertaken in previous steps. This step involves identifying key information (*the What*), relevance to the audience (*the So What*), and a call for action (*the Now What*). In addition to these three elements, decisions need to be made about the tone, the appeal, the source and other dimensions (the approach).

This step is critical. It bridges the considerable work in previous steps with the actual production of the communication product. In the end, the product is what is seen and/or heard, but this is only the tip of the iceberg, and rests on a much larger foundation.

Message elements and approach must be carefully considered. We can easily use our resources poorly when, for example, a good message is well executed but delivered by the wrong spokesperson, or conversely when an excellent spokesperson delivers a message that is unclear or lacks meaning.

Step 8 is also critical to the relationship between the program planners and the creative team. A well-briefed creative team already faces plenty of challenges crafting complex messages in short timeframes, with limited resources! We do not want the creative team to face additional hurdles if they must set direction or tone and frame the issue. This can lead to the "It Won a Prize" syndrome where a product may be wonderfully produced but not in line with the values and needs of your organization and/or the audience.

Message elements consist of *the What*, the *So What* and the *Now What*.

The approach of the message includes the tone, source and other dimensions.

Step 8

Messages themselves are not intended to be divided into the *What*, the *So What*, and the *Now What*. A given turn of phrase, an image, or a gesture might provide one or more critical elements all at once. An effective message, however, will cover all three.

For some in the audience, identifying a benefit might be most important, while others might be encouraged to take a single starting step.

Good messages depend on knowing the audience and what they want to know, the costs or benefits that are most powerful to them, and what steps they might likely take.

THREE MAIN ELEMENTS OF MESSAGES

The What refers to the basic information being conveyed – it may be factual information, it may break down behaviours into small steps, or it may address a concern or problem directly by offering alternatives or solutions.

The So What addresses the reasons or benefits for action. Specifically, what are the social, health, psychological, financial and other incentives for action? What action is important now—what is compelling? What are immediate benefits? What is the threat if current inaction continues?

The Now What clearly defines some desirable and productive action. It may mean seeking out further information, it may mean reaching out to someone, or it may mean taking a mini-step to “test the water” of some proposed solution.

DETERMINING THE APPROPRIATE APPROACH

The other half of developing the message strategy is to determine the appropriate approach. Approach has many aspects—you should consider at least the following three dimensions:

Tone Should the tone be light or heavy? Is humour appropriate? Would using fear be appropriate and effective?

Source Who should speak? Would a professional, such as a physician, be a credible source? How about peers, or others who have successfully made a change, or used a particular resource? Celebrities are often a high profile choice, provided they do not “fall from grace.”

Type of Appeal Should the appeal, that is the persuasive argument, be rational or emotional? Should it be positive or negative?

TIPS FOR MESSAGE DEVELOPMENT

Tips for Structural Presentation of a Message

- ☐ **Develop a Strong Theme Line**
For all audiences, the message should prominently and concisely present a statement that captures the main idea or pose a question that provokes thought.
- ☐ **Consider the Physical Dimensions of a Message**
Impact generally increases with greater size of printed messages, but is curvilinear for broadcast messages.
- ☐ **Arrange Message Elements Appropriately**
For most audiences, the strongest copy points should be placed near the beginning of the message; secondary incentives and appeals that refute the message should be located after.
- ☐ **Use Short, Simple Words and Sentences**
Messages should feature simplified vocabulary, short sentences, and low density of text in order to make comprehension easier for the intended audience.
- ☐ **Fit Message Presentation and Production to Your Audience**
Effectiveness of A-V factors (e.g., music and pictorals) depends on the taste preferences of the intended audience. In general, production (e.g., pacing, camera angles, colors, layout, and graphic devices) should be technically sophisticated and high in clarity, but responses to certain techniques vary by intended audience.
- ☐ **Present an Identity Throughout**
For all audiences, each campaign message should include an element that symbolizes the overall campaign and provides a unifying common thread across different presentations of the message or channels.

Step 8

Other important considerations of message development are outlined in the sections that follow.

Tips for Message Content

☐ Use a Positive Approach

For all audiences, there should be a greater emphasis on positive persuasive arguments promoting healthy behaviour rather than negative appeals (especially threats of physical harm).

☐ Present a Range of Incentives / Appeals

Most audiences will be more effectively influenced when the campaign presents a broader array of incentives beyond the conventional physical health domain, such as economic, social, and psychological reasons for carrying out the behaviour.

☐ Use Multiple Incentives

For most audiences, it is more effective to use several incentives within a typical-length message, and particularly across a series of messages in a campaign.

☐ Provide Convincing Evidence

To support promises or threats, dramatized case examples using audience peers generally work better than statistical documentation.

☐ Model Behaviour / Provide Recommendations

An explicit recommendation or behavioural modelling of the intended behaviour is generally more effective than a conclusion that is not clearly described.

☐ Consider a One- or Two-Sided Message

The relative effectiveness of a two-sided strategy that refutes, downplays or admits disadvantages of the intended/desired response (vs. a conventional, one-sided message) depends on audience sophistication, involvement, and familiarity with the drawbacks.

☐ Choose the Right Source/ Messenger

Selecting the type of messenger (e.g., celebrity, public official, expert specialist, professional model, ordinary person, victim, survivor) and the specific individual appearing in the message depends on preferences of the intended audience. Their perceptions of source competence and likability tend to be more universal than perceptions of trustworthiness and similarity.

In all cases, specific appeals should be based on the predisposing values of the audience you wish to reach. Determine these in Step 3: Audience Analysis.

Tips for Stylistic Presentation of a Message

☐ Make the Message Attractive

Entertaining styles generally enhance message impact; cleverness is a broadly effective feature, but humour produces diverse responses among audiences.

☐ Consider Tone

Effectiveness of a serious vs. light tone depends on the intended audience, but an overly preachy delivery is almost universally ineffective.

☐ Be Vivid

For most audiences, messages should use lively language, striking statements, fascinating facts and vibrant visuals (and alluring alliteration).

☐ Use Realism and Personalization

Messages should depict situations and people that enable audiences to connect the material to their own experiences, but specific cases depend on the attributes of the intended audience.

☐ Consider Rational vs. Emotional Styles

The relative influence of these basic styles varies according to the preferences of the intended audience and the degree to which they are engaged in the issue (unengaged = emotional style).

☐ Appropriateness

Presentation styles should be consistent with the general audience norms and expectations for the health message.

While keeping all these tips in mind, don't forget the most important tip of all — always pretest your message with the intended audience.

Adapted from:

Atkin, C. *Presentation at the International Communication Association*, 1994.

Step 8: Message Strategy Worksheet

Elements

What?
So What? Why Now?
Now What?

Approach

Tone
Source
Type of appeal
Other dimensions

HOW TO DEVELOP A MESSAGE STRATEGY

Step 8 involves developing a strategy for messages, rather than developing the message per se. That is, the message strategy provides a starting point for a copywriter if a PSA is being produced, for the speechwriter if a presentation is being planned, and/or for the project spokesperson who is being interviewed.

Good message preparation involves careful deliberation about the key message elements and the approach to create the overall strategy.

Drawing on information provided in this chapter, create your message strategy using the blank worksheet in Appendix A. Consider the three main elements of a message, and the approach, including tone, source, type of appeal, etc.

Step 9 *Develop a Project Identity*

CREATING AN IMAGE FOR YOUR COMMUNICATION ACTIVITIES

In Step 9, we devote our energies to the communication project identity, considering three important aspects of project identity:

- ▶ why identity matters and how it can work for you,
- ▶ the elements of an identity: words, graphics, images and other considerations, and
- ▶ implementation and management issues.

In this step, it's important to realize that your project will have an identity—whether you intend it or not. It can be based on an actual logo or word-mark or the way staff or volunteers behave. Why not use identity, then, to clearly communicate your image and your intended relationship with your audience (e.g., your purpose and why it's important)?

Identity is often narrowly defined as simply a logo and is commonly undervalued as a programming tool. In reality, identity is much more than a logo. The perceptions people hold of your issue and project—your identity—will likely determine, more than anything else, the basis on which they respond to your efforts.

Even individuals and organizations that share the same name are distinct from each other. For example, two men named John Smith who are the same age and live in the same town will be distinctively different people.

It is important to identify what makes your project of distinctive interest and benefit in your community.

According to the *Concise Oxford Dictionary*, identity is the *quality or condition of being a specified person or thing; individuality, personality*. In the same way that an individual's identity defines him or her, a project identity defines how people will perceive your project. It communicates who you are, how you do business and your intended

Project Identity

- ▶ distinguishes,
- ▶ defines, and
- ▶ synergizes

The information in this section is summarized from material originally prepared for the Ontario Ministry of Health by Mark Sarner, President of Manifest Communications. The original paper, *Identity Matters*, is available in Ontario from The Health Communication Unit, in English only.

Step 9

relationship with the subject and the audience. Do you want to be identified as an innovative community initiative or as a group that is duplicating services? As accessible or insular? As friendly or unfriendly? As grassroots or elitist? Identity is a way of communicating with your audience so that they will see you in a certain way. An identity that works for you will define your project in the way you want to be seen.

A common identity should run through every aspect of your project--from the materials you produce to the way you project the personality and attitudes of your project staff. With limited resources, it is important to use your identity to build coherence and recognition for your project. Doing so will enhance your messages and goals, resulting in increased power and influence. Your identity is the thread that binds together the different activities you undertake. It provides synergy. In some cases, it can also be a basis for collaborative or cooperative programming.

THE KEY ELEMENTS OF AN IDENTITY

Name

What you call your project—your name—is the primary way you will be known. It is important to test out names with your client group. They may perceive some words differently from you.

Positioning Statement or Copy Platform

When people say your name you want them to have a clear and immediate understanding of who you are, what you offer and why. The phrase that creates that perception or “positions” you in a certain light is called the positioning statement or copy platform. The ideal copy platform will be a phrase you can repeat again and again. Choose the words carefully. Each word has the power to define an image, idea or relationship.

Logo

One of the first questions to ask is whether or not you need a graphic logo. Simply working with the words (typeface and layout) is sometimes a better solution. However, if your audience(s) is not strong on literacy, the use of graphic symbols may be preferred. A logo should be able to work in black and white and in various styles. If using colour, choose standard ones that are readily available. Don't compromise; insist on consistency at all times.

Images

When you make a decision about imagery, you decide how the audience will react to the project as a whole. There are advantages and disadvantages to the use of all kinds of imagery. For example, photography gives a sense of reality but may fail to represent all the cultural mixes in your community. Illustration or cartoons may project the kind of personality you want to depict; however, it can be expensive. There is no right answer. You must create a style and approach that works for you.

Other Considerations

How your project staff dress, where you hold public meetings, the kind of paper you use, the way you answer the telephone, the location of your project office and the vehicles you use to promote your project are all part of your identity. For example, if you want to position yourself as a grassroots organization, holding your meetings in a community centre or church reinforces that identity.

STEP 9: PROJECT IDENTITY WORKSHEET

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? What makes it particularly effective?

.....

.....

.....

.....

... *synergizes*:

How does your project complement others? build on others?

.....

.....

.....

.....

.....

HOW TO DEVELOP PROJECT IDENTITY

Use the blank worksheet in Appendix A to capture the most important issues that will shape your project's identity. Specifically, consider how identity can define, distinguish, and provide coherence to your communication campaign.

Think about your project in the following ways:

- ☐ What distinguishes it from other local community action projects?
- ☐ Is there a program on which you model your image? Why?
- ☐ Are there two or three distinguishing characteristics that make your project particularly effective?
- ☐ What are the ways you could learn about your current identity?

Tips for Project Identity

To make your identity work well, be sure to:

- ☐ **Display it**
Make sure that your project identity is visible throughout the community. Use it anywhere and everywhere that is appropriate.
- ☐ **Share it**
Make your identity available to community partners who share your goals and objectives and want to be identified with your effort.
- ☐ **Protect it**
Make sure you maintain complete control over how your identity is used and by whom. Your identity can be tainted or undermined if it is used by anyone whose image is incompatible with yours. You have worked hard to build a solid identity. It deserves to be protected.

Step 10 *Develop Materials*

Step 10 is a wonderful process that builds upon all the previous steps involved in developing your communication campaign. It is here that words, images, symbols, sounds are put together to create a print, audio, or audio-visual communication product. A large number of arts and sciences come together, and each medium (e.g., a speech, poster, or TV PSA) has its own opportunities and challenges. The creative design is intimately caught up with the actual physical production, where the challenge is to create quality projects within budget and within reasonable timelines.

The importance of this step is obvious since the actual impact of your communication depends on how your materials are created and implemented (Step 11). Creative execution will dictate whether your message even reaches the audience and causes some reaction or engagement—let alone whether it results in any change. This step also can have risks as potential cost and time overruns can be serious, if the process is not well-managed.

GETTING THE PRODUCT OUT ON TIME

Anyone who has been through the development and production of a health communication product, be it a video or a printed piece—even once—has a very different picture of what's involved than someone who has not. Production almost always takes longer than anyone wants or expects it to. There are two reasons for this:

- 1 You can't do it alone. When there are other people involved, you are dependent on them and their schedules. Your piece may require the efforts of writer(s), reviewer(s), a designer, illustrator and printer. Perhaps the piece also needs to be translated. Time is needed for each person to carry out his or her task and to coordinate it with others.

For more information on the production aspects of a communication campaign, please see THCU's *How-to Workbook* or inquire about our production workshops.

Step 10

Tips for Production

- ☐ Plan ahead.
Attend to items in the “to do list” as soon as possible (i.e., letterhead, administration, translator services).
- ☐ Supervise tasks assigned.
Be flexible, listen, respond, ensure quality, allocate time.
- ☐ Adapt your ideas to the creative style of artist/writer, etc. that you are using.
(Use the professionals—don’t substitute yourself!)
- ☐ Remember that clear communication with the producer is essential to getting the product you want.
- ☐ Check and cross-check the detail of creative and production phases.
(Changes are expensive at final proof stage, so check before.)
- ☐ Follow your schedule and monitor closely. Coordinator role is critical.
- ☐ Make the most from what you have! Tap into the skills of those around you—without being overdemanding.
- ☐ Ask for help—from your suppliers—if you have questions and require guidance.
- ☐ Remember the golden rule of production. You can only have two of the following: speed, quality or low cost.

- 2 Putting out a product involves several steps and many details. For example, even the simplest printed piece needs to be thought through, written, typed/typeset, laid out, proofread, and produced.

Be realistic about how long the product will take to produce. This will help to avoid extra stress during the process, and embarrassment when it finally appears.

THE GOLDEN RULE OF PRODUCTION

The production process as a whole, as well as writing, illustration, printing and other parts of the process, are subject to one simple *golden rule*:

You can only pick two of these ...

- ▶ Speed
- ▶ Quality
- ▶ Low Cost ... because generally, all three are not possible.

HOW TO DEVELOP MATERIALS

To be sure you end up with the product you want, communicate important details you learned in planning for the campaign to the creative group, agency or individual responsible for developing your product. This information should summarize the work you’ve carried out in the previous steps.

Assemble Your Pre-production Work

- ▶ The name of your organization or group
- ▶ Your issue or goal statement (e.g., healthy eating for women with small children)
- ▶ The product name (e.g., A Guide to Healthy Eating)
- ▶ Description of the product (e.g., an 8.5" x 11" booklet, folded, centre stapled and printed both sides using 2 colours and bilingual)
- ▶ The audience you want to reach (e.g., women with small children)
- ▶ Your communication objective (e.g., to raise awareness of easy approaches to healthy eating)

- ▶ Key messages [content (the What), benefits (the So What), action steps (the Now What)]
- ▶ The desired identity of your issue, organization and services (what the audience should think and feel)
- ▶ Your timeline, including start date, finish date, and distribution
- ▶ A budget range

Step 10: Production (Pre-planning)

Organization / Group

Issue / Goal Statement

Product Name

Product Description

Create a Detailed Budget for the Product

Consider this sample for your own project:

Sample Production Budget

Creative

Concept, layout, design	\$2,000
Editorial	\$150
Translation	\$100
Editing	\$100
Final artwork	\$2,150

Production

Printing*	\$3,300
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Public Relations

Launch	n/a (\$1,020)
Presentations	n/a
Give-aways	n/a

Administration

Fax, telephone	n/a
Databasing	n/a
Postage	n/a
Office space	n/a
Association letterhead	n/a
Administrative support	n/a
Travel costs	n/a

Project Management

Project management	n/a
--------------------	-----

Total	\$7,800
-------	---------

Audience

Communication Objective

Use the blank worksheet in Appendix A for your production tasks: pre-planning (shown), budget, specifications, and timeline.

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

Clarify Other Specifications

For example, quantity, amount of text (e.g., French versus English), illustration plans (e.g., graphics, not photos).

Create and Monitor Production

Step 11 *Implement Your Campaign*

In Step 11, the time has come to implement all the hard work and creativity that has gone into developing your communication campaign. At this point, activities must occur concurrently to ensure that you are ready to introduce your program. Before your communication begins, program materials must be available in sufficient quantities, program kick-off and promotion plans must be in place, and gatekeepers representing different channels must be briefed.

Use the blank worksheet provided in Appendix A to guide the implementation of your campaign.

Tips for Implementing Your Campaign

- ☐ Have a list of all the selected media outlets to be contacted
- ☐ Inform other related, key organizations about your initiative
- ☐ Prepare staff and others to respond to inquiries
- ☐ Be sure to have enough program materials to start the campaign (e.g., copies of PSAs and press kits) and respond (e.g., pamphlets for the public)
- ☐ Have materials in place at other channels or distribution outlets (e.g., tv stations, physicians' offices, schools, supermarkets, etc.)
- ☐ Inform professionals in the community of your campaign and prep them for responding to inquiries.
- ☐ Be sure that your program implementation plan indicates how and when specific resources will be needed, and when events will occur

Adapted from:

Making Health Communication Programs Work: A Planner's Guide, USDHHS, 1992.

STEP 11: HOW TO IMPLEMENT YOUR CAMPAIGN

Step 11: Implementation

Program materials needed (e.g., PSAs, pamphlets, etc.)	Number	Where	When

Organizations requiring briefing	Who (contact)	Staff responsible	When

Professionals/other staff requiring briefing	Who (contact)	Staff responsible	When

Step 12 *Complete Campaign Evaluation*

The final step involved in a health communication campaign is evaluation. However, planning and conducting an evaluation is involved from the beginning. Evaluation should be included as part of campaign development in order to:

- ▶ Ensure that programs achieve maximum effectiveness
- ▶ Be accountable to funders
- ▶ Aid in the dissemination of knowledge so that others can learn from our experience
- ▶ Enhance the standing of our organization in the community
- ▶ Predict the results of a program, measure the results or help determine why certain results occur.

Examining *why* specific effects occurred helps determine which strategies or tasks work well, and provides direction for improving the functions of a program.

Although there can be many barriers to undertaking formal evaluation projects, it is important to include evaluation as part of your communication campaign.

This chapter is based on
“Stage 5: Assessing Effectiveness,” in
*Making Health Communications Program
Work*, USDHHS, 1992

Step 12

For more information on formative, process, and summative evaluation, see pp. 66, 69, and 71, respectively.

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.

Step 12

HOW EVALUATION SUPPORTS CAMPAIGN DEVELOPMENT

Before Implementation
(Formative Evaluation)*Describes the audience*

- ☐ demographics
- ☐ behaviours
- ☐ psychographics

Determines whether campaign materials are

- ☐ understandable
- ☐ relevant
- ☐ attention-grabbing and memorable
- ☐ attractive
- ☐ credible
- ☐ acceptable to the intended audience
- ☐ effective in eliciting the desired reaction in the intended audience

During Implementation
(Process Evaluation)*How many people were reached?*

- ☐ amount of time on radio and TV and estimated audience at those times
- ☐ print coverage and estimated readership
- ☐ number of print materials distributed
- ☐ number of speeches/presentations and size of audience

Did the audience respond?

- ☐ number of in-person, telephone, mail inquiries (including location, where they heard the program, questions asked/materials asked for)
- ☐ number of new organizations, businesses, media outlets participating in program
- ☐ response from presentations (e.g., completed evaluation forms)

After Implementation
(Summative Evaluation)*Who responded?*

- ☐ demographics of respondents
- ☐ geographic residence of respondents

Was there change?

- ☐ changes in knowledge and/or attitudes
- ☐ changes in intentions
- ☐ actions taken (e.g., increased enrollment in smoking cessation programs)
- ☐ policies initiated or institutional change made

EVALUATING HEALTH COMMUNICATION CAMPAIGNS

This section describes the ways in which evaluation can be used throughout the 12 steps of developing a health communication campaign. Details follow on the use of formative, process and outcome evaluation in communication campaigns.

Health Communication Action Steps	Possible Uses of Evaluation
1 <i>Get Started</i>	Situational Assessments (Formative)
2 <i>Revisit Your Health Promotion Strategy</i>	
3 <i>Analyze and Segment Audiences</i>	Audience Analysis (Formative)
4 <i>Develop an Inventory of Communication Resources</i>	
5 <i>Set Communication Objectives</i>	Outcome Objectives set (Summative)
6 <i>Select Vehicles and Channels</i>	
7 <i>Combine and Sequence Communication Activities</i>	Implementation Objectives set (Process)
8 <i>Develop the Message Strategy</i>	Pretesting (Formative)
9 <i>Develop a Project Identity</i>	Pretesting (Formative)
10 <i>Develop Materials</i>	Pretesting (Formative)
11 <i>Implement Your Campaign</i>	Tracking, Monitoring (Process); Post-testing (Summative)
12 <i>Complete Campaign Evaluation</i>	Analysis, Interpretation, Action (Formative, Process, and Summative)

Step 12

EVALUATE YOUR HEALTH COMMUNICATION ACTIVITIES

This section provides information on specific types of evaluation that can be used in the development and implementation of health communication campaigns. A short section on evaluating outcomes in health communication follows.

Formative Evaluation for Health Communication—Pretesting

Pretesting draft materials is a type of *formative evaluation* used to help ensure that communication materials will work. Pretesting is used to answer questions about whether materials are

- ▶ understandable,
- ▶ relevant,
- ▶ attention-getting and memorable,
- ▶ attractive,
- ▶ credible, and
- ▶ acceptable to the intended audience.

These are factors that can make the difference in whether materials work or don't work with a particular group. They also involve value judgments on the part of the respondents and your interpretation of what they mean. Most pretesting involves a few persons chosen as representative of intended audiences, and *not* a statistically valid sample (in number *or* selection method). That is, pretesting is generally considered “qualitative research” — research which can be interpreted somewhat loosely to provide clues about audience acceptance and direction regarding materials production and use.

A variety of procedures may be used to test messages and materials. The best methods for a particular program depend upon the nature of the materials, the audience and the amount of time and resources available for pretesting. There is no formula for selecting a pretest methodology, nor is there a “perfect” method for pretesting. Methods should be selected and shaped to fit each pretesting requirement, considering the objectives of and resources available for each project.

Each method carries with it benefits and limitations. Sometimes using *several* methods in combination will help overcome the limitations of individual procedures. For example, focus group interviews may be used to identify issues and concerns relative to a particular audience, followed by individual interviews to discuss identified concerns in

greater depth. Readability testing should be used as a first step in pretesting draft manuscripts, followed by individual questionnaires or interviews regarding materials with audience respondents. Central location interviews or theatre testing of messages for television or radio permit contact with larger numbers of audience respondents—especially useful prior to final production of materials.

Limitations of Pretesting

Given the qualitative nature of most pretesting research, it is important to recognize its limitations.

- ▶ Pretesting cannot absolutely predict or guarantee learning, persuasion, behaviour change or other measures of communication effectiveness.
- ▶ Pretesting in health communication is seldom designed to quantitatively measure small differences among large samples; it is not statistically precise. It will not reveal that booklet A is 2.5 percent better than booklet B. (Presumably, pretests of such precision could be applied, but the cost of obtaining such data would be high, and the findings may be no more useful than the diagnostic information from more affordable approaches.)
- ▶ Pretesting is not a substitute for experienced judgment. Rather, it can provide additional information from which you can make sound decisions.

It is important to avoid misuse of pretest results. Perhaps the most common error is to overgeneralize. Qualitative, diagnostic pretest methods should not be used to estimate broad scale results. If 5 of the 10 respondents in a focus group interview do not understand portions of a pamphlet, it does not necessarily mean that 50 percent of the total intended population will be confused. The lack of understanding among those pretest respondents suggests, however, that the pamphlet may need to be revised to improve comprehension. In sum, pretesting is indicative, not predictive.

Another problem that arises in health communication pretesting concerns interpretation of respondent reactions to a sensitive or emotional subject such as breast cancer or AIDS. Respondents may become unusually rational when reacting to such pretest materials, and cover up their true concerns, feelings and behaviour. As a result, the pretester must examine and interpret responses carefully.

Step 12

EXAMPLES OF WHAT PRETESTING CAN DO

Assess Comprehension

Understanding of health messages and materials is essential as a prior condition to acceptance.

example By pretesting a slide-tape presentation on breast cancer, it was learned that the presentation was considered clear and informative, but the narration needed to be slowed down so that all of the information could be better understood.

Assess Attention and Recall

To work, television and radio PSAs and posters must first attract audience attention. These messages are rarely seen or heard in an isolated environment, and they must compete (e.g., with advertisements, news and entertainment) for attention.

example After pretesting two different versions of television PSAs to promote exercise, program planners learned that the message showing runners talking about their own exercise experiences was remembered more often. A second message, which used special visual techniques and a voice-over announcer, was not effective in attracting the attention of pretest respondents.

Identify Strong and Weak Points

This means making sure that all elements of the materials (e.g., message, format, style) are likely to work with the audience.

example A booklet on health risk appraisal contained a self-test for readers to complete. The pretest indicated that the booklet was considered interesting and informative. However, the instructions for scoring the test were confusing. Respondents needed clearer directions to calculate their scores.

Determine Personal Relevance

For the message to take effect, the audience must understand the problem, accept its importance in their lives and agree with the value of the solution for them.

example Pretest results of a booklet on high blood pressure among hyper-tensives and a general audience revealed several important

differences in the responses of these two groups. Hypertensives recalled and understood more specific points related to high blood pressure control than did the general audience group. Further, when asked whom the booklet was for, a higher proportion of hypertensives felt the booklet was “talking to someone like me.”

Gauge Sensitive or Control Elements

Questions about audience sensitivity to subject matter often arise in developing health messages. Pretesting can help predict whether messages may alienate or offend audiences.

example Would a televised demonstration of breast self-examination on a live model be an affront to viewers? Pretest results of such a PSA indicated that respondents held a range of views about the propriety of this demonstration.

PROCESS EVALUATION FOR HEALTH COMMUNICATION

The Importance of Tracking Progress

Once your program is under way, you may not be able to anticipate all contingencies that may arise, but you can plan ways to identify potential problems. You should build a monitoring system into your programs, to identify flaws or oversights regarding materials, implementation strategies or channel selection *before* they become major impediments to success.

Often, problems are quickly correctable if you can identify them, but can cause harm if you don't. For example, if you ask the public to call for more information, you should provide a mechanism (e.g., a simple response form) for telephone operators to record questions asked and answers given. A frequent review of responses will identify whether incorrect or inadequate information is being given, any new information is required to respond, and inquiry patterns.

Frequently, program implementation takes longer than you might expect — materials may be delayed at the printer, a major news story may pre-empt your publicity or a new priority may delay community participation. A periodic review of planned tasks and time schedule will help you alter any plans that might be affected by unexpected events or delays. There is nothing wrong with altering your plans to fit the situation—keeping in mind what you are trying to achieve. In fact,

Step 12

you may risk damaging your program if you aren't willing to be flexible and alter specific activities when needed.

Process evaluation—tracking how and how well your program is working—can provide tangible evidence of program progress, is often useful to provide encouragement and reward to participants and evidence of success to your own agency. It can also assure that the program is working the way in which you planned—a vital assurance prior to undertaking any more formal outcome evaluation.

Establishing Process Evaluation Measures

To help avoid overall program dysfunction because specific tasks aren't working, you should make sure that program checks are in place.

Mechanisms in place should track:

- ▶ Work performed, time schedules and expenditures (internal measures)
- ▶ Publicity, promotion and other outreach
- ▶ Participation, inquiries or other responses
- ▶ Functioning and quality of response systems (distribution, inquiries response)
- ▶ Interim changes of audience awareness, knowledge of actions

Some ways of tracking include:

- ▶ Weekly materials inventory review
- ▶ Clipping services of print media coverage
- ▶ “Bounceback” cards or follow-up phone calls with television and radio stations
- ▶ Monitoring logs of television / radio stations for frequency and time of PSA airings
- ▶ Monitoring volume of inquiries and length of time to reply
- ▶ Reviewing telephone responses for accuracy and appropriateness
- ▶ Checking distribution points to assess materials use (and make sure that materials are still available)

- ▶ Phone calls or meetings with participating organizations to review progress and problems
- ▶ Focus groups or telephone interviews with program participants / target audience members
- ▶ Follow-up with teachers, physicians or other community professionals to check their preparedness, interest and to identify problems

SUMMATIVE EVALUATION FOR HEALTH COMMUNICATION

Summative evaluation is usually intended to answer questions about six aspects of a campaign. These include information about:

audiences e.g., size, characteristics, proportion of special group members within it, etc.

implementation e.g., frequency with which different types of people are exposed to activities or media messages, quality and mix of services or messages they receive, overlap from other program sources or media channels

effectiveness e.g., how a program causally affects those who received its services at an acceptable level of quantity and quality, such as how a prevention campaign influenced knowledge attitudes and behaviours

impacts more difficult to measure due to a campaign—in the case of a smoking prevention campaign, effectiveness depends on how it affected those exposed to it, while impact depends on changes in local morbidity and mortality

cost e.g., the cost per unit per time interval, cost-efficiency of different methods, cost-benefit ratio, etc.

causality why special effects did or did not happen.

Step 12

THREE SUMMATIVE EVALUATION MODELS FOR HEALTH COMMUNICATION

The Advertising Model of Evaluation

This model of evaluation relies on audience surveys to measure the following:

exposure whether or not the campaign reached the intended audience and if it did, measures how often it reaches them

recall assesses the extent to the exposed audience recognizes or recalls campaign messages

appeal the degree to which the audience likes the campaign materials

behavioural intentions self-reported intentions of audience members to act on their new knowledge and attitudes

message effectiveness why certain messages reached certain audiences more than others; why certain aspects of the message were more memorable than others; and why people do or do not think they will act upon their beliefs.

Analysis

Once data have been collected (using advertising surveys), correlations between exposure and either recall or changes in attitude and behavioural intention are used to determine campaign effectiveness.

Advantages of the Advertising Model

- ▶ sensitive to the effects of a campaign on an intended audience
- ▶ technically easy to conduct (e.g., a random sample over the telephone)
- ▶ can provide fast feedback relatively easily (e.g., overnight tv ratings)
- ▶ especially useful for new programs to determine if they are reaching the intended audience, if the intended audience is attending the message and understanding it.

Adapted from:

Flay, B. & Cook, T. "Three Models for Summative Evaluation of Prevention Campaigns with a Media Component." In *Public Communication Campaigns*. Second Edition. Rice, R. & Atkins, C. (eds). Sage Publications 1991

Disadvantages of the Advertising Model

- ▶ exposure and awareness measures are not as relevant to policy makers as behavioural, health or economic impacts
- ▶ causality between the campaign and changes in the intended audience is not possible to infer
- ▶ evaluative information is limited.

The Impact-Monitoring Model of Evaluation

This model relies on routinely collected data (such as prevalence data) from a larger monitoring system or archival source. It is intended to measure effects and impacts expected to happen at the end of a program. Agencies that conduct impact-monitoring studies wish to discover whether or not the indicators they rely on to assess the incidence of a social problem are changing.

Advantages of the Impact-Monitoring Model

- ▶ relevant at a provincial or national level
- ▶ findings are of great interest to policy makers
- ▶ impact-monitoring is easy and inexpensive (costs are usually picked up by the monitoring agencies)

Disadvantages of the Impact-Monitoring Model

- ▶ not sensitive to audience issues
- ▶ data are often only available at a provincial or national level rather than local or regional level where the campaign was more likely to have occurred
- ▶ causality is very difficult to determine (requires control groups or time series and a close link between the population exposed to the campaign and the population upon which the monitoring data are being collected).

The Experimental Model of Evaluation

This model involves a non-treatment group (e.g., a group not exposed to the campaign). This is created by randomly assigning units (individuals, households, communities) to experimental conditions prior to exposing one of the groups to the campaign. In large scale media

Step 12

campaigns, communities tend to be the unit of assignment as was the case in the Stanford Three Community and Five Community Studies.

Advantages of the Experimental Model of Evaluation

- ▶ large-scale and comprehensive
- ▶ produces more valid results
- ▶ may be of higher potential policy relevance in the longer term.

Disadvantages of the Experimental Model of Evaluation

- ▶ expensive
- ▶ small numbers of communities available for assignment often results in quasi-experimental designs
- ▶ because of the difficulty of randomly assigning groups, observed differences between communities after a media campaign may be a result of pre-existing differences

Evaluation Constraints

Every program planner faces constraints to undertaking evaluation tasks, just as there are constraints to designing other aspects of a communication program. These constraints may include:

- ▶ Limited funds
- ▶ Limited staff time and capabilities
- ▶ Length of time allotted to the program
- ▶ Limited access to computer facilities
- ▶ Agency restrictions to hiring consultants or contractors
- ▶ Policies limiting the ability to gather information from the public
- ▶ Management perceptions regarding the value of evaluation
- ▶ Levels of management support for well-designed evaluation activities
- ▶ Difficulties in defining the objectives of the program, or in establishing agency consensus
- ▶ Difficulties in designing appropriate measures for communication programs
- ▶ Difficulties in separating the effects of program influences from other influences on the target audience in “real world” situations

These constraints make it necessary to accommodate existing limitations as well as the requirements of a specific program. However, it is *not* true that “something is better than nothing.” If an evaluation, data collection or analysis must be compromised to fit limitations, the program *must* make a decision regarding whether

- ▶ the required compromises will make the evaluation results invalid,
- ▶ an evaluation strategy is essential for the particular situation, compared with other compelling uses for existing resources.

Evaluation Options Based on Available Resources

As described above, the amount of resources available have a major impact on what types of evaluation can be undertaken. Please refer to Figure 3 on page 76 for an overview of evaluation options depending upon available resources.

Step 12

Figure 3: 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 posttest of change in audience knowledge)
Summarive (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: HOW TO EVALUATE HEALTH PROMOTION PROGRAMS

1 Get Ready To Evaluate

- ☐ ensure prerequisites
- ☐ establish clearly defined program 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
- ☐ 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 Determine Appropriate Methods of Measurement and Procedures

- ☐ 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 the data for analysis
- ☐ analyze the data
- ☐ using of Statistical Analysis

9 Interpret and Disseminate the Results

- ☐ Interpreting results
- ☐ presenting results
- ☐ sharing the results

10 Take Action

This final chart provides an overview of the steps involved in an evaluation of a health promotion project. THCU has developed a 2-day workshop and workbook that supports planning for and conducting an evaluation. This chart can be used as a checklist to ensure that evaluation is carefully planned and is comprehensive.

Appendix A: Worksheets

Step 1A: Getting Started—Time

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

<i>Money and Other Resources</i> Available budget Additional costs Staff time Equipment Space	<i>Estimates</i>
<i>In Kind Contributions (list)</i>	
<i>Summary</i>	

Step 1A: Getting Started—Data Gathering

<i>Data Required</i>	<i>Methods</i>	<i>Timeframe</i>

Step 1A: Getting Started—Participation

<i>Stakeholders Involved</i> (Identify stakeholders who will be part of the project.)	<i>Involvement</i> (List how they can meaningfully participate.)

Step 1B: Getting Started—Project Plan

ACTIVITIES	<i>Target Date</i>	<i>Resources Required</i>	<i>Roles/ Responsibilities</i>
<i>Preplanning</i> Step 1 Step 2 Step 3 Step 4			
<i>Planning</i> Step 5 Step 6 Step 7 Step 8 Step 9			
<i>Production</i> Step 10			
<i>Implementation</i> Step 11			
<i>Evaluation</i> Step 12			

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>	

Step3: Audience Analysis

Audience:

Demographics
Behavioural Characteristics
Psychographic characteristics

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

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

Step 6: Select Channels and Vehicles

Audience and Objectives	Channels and Vehicles			
<i>Individual</i>				
<i>Network</i>				
<i>Organizational</i>				
<i>Societal</i>				

Existing Activities:									
Individual:									
Network:									
Organizational:									
Societal:									

Step 8: Message Strategy

Elements

What?
So What?
Now What?

Approach

Tone
Source
Type of Appeal
Other Dimensions

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: 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

Step 10 (continued)

Production Schedule

<i>Steps</i>	<i>Time Required</i>	<i>Responsibility*</i>
Generate concept		
Assign tasks		
Design, initial and redrafts		
Production		
Dissemination		

* Including co-ordinator, supplier, creative time, graphic areas, printers, etc.

Step 11: Implement Your Campaign

Program Materials Needed (e.g., PSAs, pamphlets, etc.)	Total Number	Where Needed	By When
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Organizations Requiring Briefing	Contact Person	Responsible	By When
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Other Tasks	Responsible	By When
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Step 12: Evaluation Summary

Questions	Indicator	Method

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Glossary

Communication Campaign

Communication campaigns are goal-oriented attempts to inform, persuade or motivate behaviour change in a well-defined and large audience. Campaigns provide non-commercial benefits to the individual and/or society, typically within a given time period, by means of organized communication activities. The activities involve media, interpersonal support and community events.

The above definition contains four basic elements. Campaigns

- 1 are goal-oriented,
- 2 are aimed at a large audience (i.e. not interpersonal persuasion on a one-to-one or one-to-few level),
- 3 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 (the Stanford Heart Disease Prevention Program, a five-year intervention program designed to reduce cardiovascular-risk behaviour), and
- 4 involve an organized set of communication activities. At a minimum, this involves message production and distribution.

Health Promotion

We accept and use the World Health Organization definition of health promotion as: “a process of enabling people to increase control over, and improve their health.”

This definition implies that health promotion requires multiple approaches (i.e., education, environmental support and policy change); includes disease prevention; and focuses on promoting good health (rather than treatment and rehabilitation). However, people in both poor and good health can benefit from health promotion.

Comprehensive Health Promotion Approach

A comprehensive approach to health promotion involves three strategies. These are described below:

Education

Through education, health-enhancing information is provided to help people make healthy decisions and engage in healthy activities by increasing knowledge and motivation, by changing attitudes, and by increasing the skills and techniques needed to avoid or reduce risk behaviours, pursue good health, or change the environment. However, people are also exposed to health-damaging information through advertising and other forms of mass media (e.g., cigarette and alcohol advertising). A health communication campaign must not only provide health enhancing information, but also counter health-damaging information.

Policy

Health-related policies create an environment conducive to healthy living, making it easier to adopt healthy behaviours, more difficult to adopt risky behaviours. They also affect social and/or physical environment.

Environmental Support

A “healthy” environment (e.g., fresh air, clean water, good social support) has a positive effect on health, whereas an “unhealthy” environment (e.g., isolation, no protection from second-hand tobacco smoke, or hazardous chemicals) has a negative effect.

Health is greatly influenced by the *physical and social environment*. Health problems are more common in people who live in poor quality housing or crowded conditions or who lack opportunities for recreation. Health problems are also linked to poverty and to low levels of education and literacy.

Environmental support activities include the removal of toxic materials, warning signs on hazardous materials, good food choices in restaurants and grocery stores, availability of health clubs, and bicycle/jogging paths. They also include self-help groups and mutual support networks, and community development initiatives such as local action groups.

No single approach is effective. All three approaches are important to include in a comprehensive local health promotion program.

Appendix C

Population-based Approach

A comprehensive population-based approach to health promotion aims to reduce risk of an entire population by targeting those at high, low and no risk. Key groups of people within each level of risk are identified and interventions are designed to reach each group. Interventions aim to lower the risks of each group of people, including preventing those at no or low risk from becoming more at risk. In order to reduce the risk of the entire population, a comprehensive approach is required.

The vision of the Ontario Ministry of Health's Health Promotion Branch is for communities to plan comprehensive approaches to health promotion, addressing the major causes of disease: tobacco, alcohol, nutrition and physical activity. Key groups are identified in each category (no, low, moderate and high risk) and interventions based on the three approaches (education, policy, environmental support) are designed to lower the risk of each group of people.

Community Organization

Community organization is the process of purposefully stimulating and mobilizing citizens' (individuals and groups) interest, energies, and resources for health action. A critical aspect of this process is citizen involvement and community ownership: communities must shape their own health programs and emerge with the necessary skills and resources to manage continued efforts.

Health Communication

Health communication is the process of promoting health by disseminating messages through mass media, interpersonal channels and events. The two most common forms of health communication are education and persuasion. There is growing interest, however, in efforts geared towards political change such as media advocacy and lobbying for regulation and enforcement.

Health communication incorporates diverse activities including clinician-patient interactions, instructional classes and self-help groups, worksite and school programs, mass mailings, distribution of pamphlets and booklets, telephone hotlines, mass communication campaigns (e.g., television, radio, newspapers, magazines), and community events such as contests, races, and fairs. These efforts can be directed toward individuals, networks or small groups (e.g., families), organizations (e.g., worksites and schools), and societal units ranging in size from communities to entire nations.

Vehicle

Vehicles are specific formats used to deliver messages through channels. For example, television consists of various vehicles: shows, movies, news shows, special events programs including sports or awards ceremonies, advertisements, public service announcements and infomercials.

Channels

Channel refers to the means by which a message is sent. It is the communication medium or path. There are direct interpersonal channels such as doctor to patient, friend to friend, mother to child, teacher to class, and so forth. There are also indirect channels which are mediated.

Communication

Communication is the exchange and sharing of information, attitudes, ideas or emotions. While early definitions of communication were linear (from a source to a receiver), current communication stresses mutuality and shared perceptions. Instead of "sending" or "receiving," people participate in the communication process.

Communication planning

A systematic and creative activity in which information, attitudes, and ideas are managed, to be exchanged and transmitted via specific messages through specific channels. Objectives and goals are established for communication efforts; and the efforts to shape and disseminate messages in order to accomplish these goals are the elements of communication planning.

Medium/Media

An intermediate technology, agent or individual that enables communication to take place. While it is often used synonymously with "mass media," human beings also play the role of a medium.

Message

That which is transmitted through the communication process. Messages exist at three levels: a set of words or images expressed; the meaning of what is expressed as perceived or intended by the creator; and the meaning attributed to it by the receiver.

