



The Health Campaign Handbook

A Toolkit of Real-World Strategies
for Community Health Campaigns



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ABOUT HEALTH CAMPAIGNS

In public health, a great idea is not enough. Successful community health campaigns a) deliver a high quality, evidence-backed product b) through an intentional and strategic distribution plan. For many public health endeavors, the success or failure of an initiative often hinges on effective communication with the target population.

Health campaigns can cover many topics and take many forms, from a radio PSA to promote breast cancer screenings to a billboard campaign to promote distribution of naloxone. But all campaigns share the same objective: to influence a health behavior that ultimately improves wellbeing for individuals or the community.

The shape of a health campaign should be informed by both content area and population expertise, but other factors are critical as well: how large or small is your budget? How urgent is the information needed in the community? How evergreen do you want the content to be? All of these factors interact to influence the final form of an effective health campaign.

ABOUT THIS HANDBOOK

This handbook is intended for organizations interested in practical advice for designing and implementing effective health campaigns. Each section offers tangible suggestions for every stage of campaign management. To illustrate these strategy in practice, the Healthcare Navigation video series of the Greater Lowell Health Alliance is used as Case Study throughout.

We hope this toolkit empowers you to implement the health campaigns we need to promote wellbeing and eliminate inequities in our community.

Case Study

HEALTHCARE NAVIGATION VIDEO SERIES

To illustrate concepts & strategies in this Toolkit, we will reference a health campaign undertaken by the Health Equity Task Force of the Greater Lowell Health Alliance in Lowell, MA. The Task Force, a volunteer committee of local organizations that address health inequity, identified a community need for easily understandable introductory information about the ins-and-outs of the local healthcare system. Located in a gateway city, the project was specifically hoping to reach immigrants & refugees, who make up nearly 25% of the local population.

The initial vision for this project was conceived by members of the task force in 2018. Five years and \$15,000 later, the task force released a series of 3-minute video modules, each covering a specific component of healthcare access:

- Health Insurance
- Who Helps You Stay Healthy
- What Should I Do If I am Sick or Hurt
- What to Expect When Visiting the Doctor
- Your Rights as a Patient

The modules were voiced & captioned in six languages. The Task Force distributed the modules on USB drives to dozens of local healthcare & social service offices, nonprofits, shelters, and health departments, as well as shared them publicly online. Since launch, the campaign has been universally lauded by the community as one of the most effective efforts to provide education about the healthcare system to date.

This toolkit utilizes three major sources of expertise & content. Firstly, the overall theoretical approach to health campaign design is guided by Bronfenbrenner's social ecological framework of development, which notes that individual outcomes are cultivated in the context of interconnected systems. Secondly, the content is sourced from participatory action, meaning that the same people who design campaigns are also the targets of the campaign.

Finally, key members of the team that created the Health Navigation video series were interviewed about their involvement and their perceptions of the process. This people-centered approach to health campaigns is distinct from exclusively theoretical approaches, and we hope that this makes the content more accessible & applicable to organizations interested in positively impacting health outcomes for their communities.

Health Campaigns 101

JUST THE BASICS

Health campaigns can take many forms (television ads, billboards, social media blasts, lecture series, docuseries, art installations) but they all share a common goal: to improve public health through promoting (or dissuading) health behaviors or interventions.

The definition is simple enough, but it is full of potential conflicts and pitfalls: how do you choose the right media? How do you assemble the right creative team? How do you know what public health improvement is the most critical? And, most importantly, how do you determine what improvement will look like, and *who gets to decide?*

The diversity of forms that health campaigns can take is critical for ensuring that the campaign is tailored to a specific audience, format, mission, time, and location. While some campaigns can have national or even global audiences (consider the World Health Organization's *World Health Day*), it's much more typical for a health campaign to focus on a specific health issue experienced by a particular community, defined by either geographical proximity or shared trait or experience. We will briefly explore some standard definitions of health campaigns, and examples of health campaigns in practice, below.

How to Spot a Health Campaign

It might seem obvious, but health campaigns adhere to some standard guidelines that distinguish them from other kinds of health information sharing

Health Campaigns...

▶▶ Are Timebound & Intermittent

While a campaign may be sustained over a considerable period of time, they are designed to be responsive to emergent community needs. Because those needs change over time, a health campaign should be deployed within a specific timeframe that is based on the most timely evidence & information.

▶▶ Address a Particular Health Challenge or Behavior

Generalized messages about promoting good health are important, but a health campaign should address a specific epidemiological issue (lung cancer), health information or service gap (how to access smoking cessation medication), or health behavior (quitting smoking).

▶▶ Intentionally Target a Specific Audience

Most health campaigns are aimed at the (controversially-referred-to) "healthcare consumer" (i.e. the people or groups of people that are most likely to experience a health issue or seek a health service). But some campaigns are targeted to the people who deliver healthcare (a campaign reminding pediatricians to deliver postpartum depression screenings at newborn visits), or people who can help others access health services (a campaign to promote a new youth mental health crisis line among teachers and other school staff).

Idimma Initiative

Local psychologist Aisha Bubah's campaign promotes mental health resources in Nigeria's primary care settings in response to the psychological impact of terrorism

Sleep On It

The Canadian Sleep Society's public health campaign aims to expand the public's understanding of the importance of sleep on physical & mental health & wellbeing, and promote access to resources for people who have sleep disorders.

Vaccine Turnaround

During one weekend in August, São Paulo established 600 Covid vaccination sites across the city in an effort to vaccinate every 18- to 21-year-old. A city-wide festival was sustained for 34 hours straight to promote the clinics, resulting in 500,000 vaccinations.

The Man Therapy Campaign

The Colorado Office of Suicide Prevention launched the Man Therapy Campaign to reduce suicide rates in men. The campaign's strategy of using humor made seeking mental health services more approachable for men in the state. The campaign engaged 60,000 men during its run.

A GLOBAL GLANCE

Whether deployed from a small local community center or a global health oversight organization, health campaigns are evident in nearly every corner of the world. The examples here provide an insightful look at how local considerations change the content and format of health campaigns.

Case Highlight: Campaigns in Lowell

Lowell is no stranger to health campaigns. As one of the largest & most diverse cities in MA, local, state, & national efforts to address Lowell's health inequities have included overdose prevention, rapid-response to HIV/Hep C outbreaks, and youth-led efforts to limit access to flavored tobacco.

Getting Started

CONVENING & COALITION BUILDING



From the outside, it might seem like a health campaign is the work of a single organization, but even campaigns run under a single organizational banner typically include the labor & expertise of a comprehensive team of people from a range of professional & personal backgrounds. The *who* and *how* of your team is often the difference between a successful or unsuccessful campaign.

Convening is typically a beginning step for a health campaign. Bringing together a group of people, in a world that sometimes feels overburdened with meetings, can be a significant challenge for a health campaign. But some guiding principles can maximize the chance that *your* group will be the one people want to attend.

Case Highlight: Intentional Convening

Lowell is the heart of the American Industrial Revolution, a history that brought with it a concurrent history of public health efforts, from occupational safety efforts to air quality campaigns. It's not surprise, then, that Lowell is flush with grassroots & community-based organizations working toward improved community wellbeing. Instead of starting an entirely new group to launch the Navigation Video series, organizers pitched the idea to the Health Equity Task Force of the GLHA, and then reached out to additional community members needed to round out the group's content & skill needs.



FEEDBACK FIRST

It's a good idea to collaborate on project specifics, but don't formally convene a steering committee or project team before running your general ideas by colleagues or community members first. The best planning groups are given a little to work rather than starting from scratch. We call this the "skeleton approach": you bring the bones, the group builds out the rest of the body

DON'T DUPLICATE

Many communities are already equipped with a diverse health service infrastructure; if an existing group might be a good working group for your campaign, start with them instead of creating a competing or duplicative group. In communities that lack such infrastructure & support, look for thought leaders who can provide direction towards the right existing resources. Duplication is not only a potential poor use of resources, but it can damage the longterm relationships between organizations and make collaboration more challenging in the future.

COMPLETE A TASK

It might seem like getting everyone into a room and sharing ideas is enough of a task, but it can sometimes make participants feel like they were a sounding board rather than a meaningfully convened group. Every meeting should include a specific, tangible task to be accomplished that advances your project forward. Most projects don't need to do the work of creating a mission statement of vision (remember, these campaigns should be timebound, meaning it's likely the group will disperse at some point!) Instead, think about choosing a regular meeting time & place, creating an outreach list to fold in additional partners, or sketching out a next steps plan to get the project moving.

WHO SHOULD YOU CONVENE?

Bringing the right people to the table to build & launch a health campaign may be the most important & daunting step in the process. But thinking about different types of expertise, rather than different, individual people, can help curate the the right invite list.

1. CONTENT AREA EXPERTS

Who They Are:

People with expertise in the health issue, behavior, or system that is the target of your intervention. They might be clinicians, researchers, data scientists, epidemiologists, or people with lived experience.

Why You Need Them:

Content experts ensure that your campaign content is true, evidence-based, current, and likely to actually yield the results or impact you want to see. They also have insight that may be less obvious but equally critical

Where to Find Them:

Hospitals, universities, health centers (ideally, local ones). For broader projects, nonprofit agencies or organizations that focus on your target health issue may also have content area experts; check their websites for steering committee members, organization directors, and, less often, Board of Directors

Keep In Mind: Not all content experts agree with one another; in some circumstances, differing expert views make your project better, while in others, it will only cause delays. Also, many experts do not work for free and may be expecting a consulting fee. Proceed with that in mind!



2. MESSAGING EXPERTS

Who They Are:

People with expertise writing, marketing, literacy, and/or linguistic isolation/language access. They might be teachers, journalists, advertisers, marketers, community members or public health colleagues

Why You Need Them:

Messaging experts are wordsmiths; they identify messages that lack clarity, or won't be understood by your target audience. They may also have expertise in knowing what languages your message needs to be delivered in to be most effective



Where to Find Them:

Messaging experts may not consider themselves to actually be messaging experts, so they may be tough to find. The best strategy is to find local projects (social media campaigns, brochures, etc.) and track down the primary author. This is a “word of mouth” strategy that can take a bit of labor, so build time for it

Keep In Mind: *Messaging should be driven with the end in mind: ultimately, who do you want to get this message? Idealling you messaging expert also has some over lap of expertise with your target population. Messaging can also be political (are your going to say “addict” or “drug user”? Are you called it “safe sex” or “safer sex”?); keep in mind that some messaging experts may be more sensitive to political or otherwise controversial considerations than others.*

3. FORMAT EXPERTS

Who They Are:

People with expertise in all the various formats a health campaign could take. They might be graphic designers, filmmakers, media editors, media consultants, script writers, podcasters, social media managers, etc.



Why You Need Them:

Format experts determine huge parts of the project, including the timeline and budget. They also often have overlap as messaging experts. Bringing them in early is the most effective way to keep a campaign on track with its deliverables.

Where to Find Them:

Local television, film schools, on social media platforms. Speak with agencies who have produced their own materials about who they use for design, printing, filming, captioning, etc. Universities are also good places to find format experts (as both instructors or students)

Case Highlight: Lesson Learned

The Health Equity Task Force thought the best approach would be to bring a draft of their desired product to a video editor, so they spent months drafting their script. In their mind, the editor would then map out the strategy for filming. In reality, the editor (a format expert) immediately noted that the script was too long- by A LOT. The editor then helped the team cut the script down from what would've been about an hour of spoken dialog to the much more manageable 2-3 minutes per module. The problem was solved, but at the expense of months of labor that could have been avoided by bringing on the format expert earlier in the process.

4. AUDIENCE EXPERTS

Who They Are:

People who are members of the intended audience for your campaign. People with lived experience in the health issue your are targeting (i.e. parents of kids with asthma) or in the system domain you are addressing (i.e. pediatricians)



Why You Need Them:

Not only are these the people are the center of all of your efforts, but they are also the experts in their own experience. They can provide insights about messaging, distribution, and more that can save you months of work and potential thousands of budget dollars

Where to Find Them:

Ideally, this is the easiest group to identify, since they should also be on your radar for your implementation plan. Another option is to connect with agencies that directly serve or work with this population and make connections this way.

Keep In Mind: *Participation in your project is labor; if your audience is community members with no other obligation to the work, then their labor should be compensated (they are essentially functioning as consultants). In some cases, direct engagement with the target audience is not possible or desireable (e.g. a campaign aimed as domestic abusers). In that case, a content area expert or a person who works with the population is much more appropriate. Be prepared to meet the needs of your audience expert (e.g. interpreters for Spanish speakers)*

NAMING & KNOWING THE NEED

There are MANY things people need in order to be healthy. Health campaigns typically focus on a specific need, which allows campaigns to be more targeted and, ultimately, more successful. Campaigns identify needs in a few ways.

► Crisis Response

Crises can include things like mass violence, environmental disasters, and disease outbreaks. These campaigns must be quickly organized & deployed, which can limit the degree to which campaigners can plan or edit. Often these campaigns include community education & direction to existing or new resources.

► New Data

Data that provides new or useful insight into a health issue can spark a health campaign. Data can come from a range of sources, from formal data publications to community-driven storytelling. Campaigns built around new data can be compelling, but may face challenges if the new data is contrary to existing beliefs or behaviors.

► Awareness Periods

Some health issues have dedicated periods of time when awareness or resource campaigns are highlighted: October for breast cancer, World Breastfeeding Week, World AIDS Day, etc. These campaigns can be easier to plan because they are predictable, recurring, and often have existing resources to deploy or build upon. One challenge of these campaigns is pushing beyond “awareness” and being sure that your campaign identifies some action or behavior you want people to take in the context of the highlighted health issue.

► Funding

Sometimes campaigns are dictated from a funding source or other project lead. Or, alternatively, the availability of funding is considered when a team is choosing which health topic to focus on for a campaign.

FINDING DATA

There are a lot of ways the data could inform your campaign; many times, data is useful immediately, while you are learning about the health issue you are targeting in your campaign. Here are some thoughts about common places people look for data like this.

► National or State Reports

- ✓ Usually readily available on government websites
- ✓ Uses and cites high quality data sources
- ✓ Often include supplementary materials to use in a campaign
- ✗ May not represent your specific community, especially if you are targeting a special population
- ✗ May not feel as compelling to your audience

► Community Needs Assessments

- ✓ Specific to each local area
- ✓ Usually a repeat assessment, so can be compared overtime
- ✓ Will include ideas for local contact who you may want to work with
- ✗ Quality can vary
- ✗ Some may collect very small samples for local data, or rely heavily on publicly available data

► Local Government

- ✓ Thorough, highly local records
- ✓ Typically updated regularly
- ✗ Often not forward-facing/public
- ✗ Limited to specific topics (school enrollment, crime, etc.)

► Community Stakeholders

- ✓ Hands-on expertise
- ✓ Typically happy to share their experience & knowledge
- ✗ Requires sincere community connections
- ✗ Often (wrongly) regarded as “not reliable”

Matching the Campaign to the Need

Imagine that your team has decided to create a health campaign to address the health risks of youth vaping. You decide to talk to youth before you start your campaign to get their perspective on vaping to help inform your campaign. The following decision tree lays out all the potential ways your campaign might go, based on the youths' feedback.



We Know the Need: Now What?

One of the most frustrating experiences for community members is receiving *information* without *instruction*. The absence of actionable behavior change can leave your target audience feeling directionless; if you campaign successfully creates motivation in your target group, an immediate action can help reinforce the motivation. Your campaign steering committee should be guided by the question, “What do we want the target audience *to do*?”

One way to answer this question is to start with what *kind* of change you are hoping to inspire in your target. Most changes can be categorized as changes in knowledge, beliefs, or behaviors.

	What it is	When to Use It	Example: “By the end of this campaign, people will....
Knowledge	An increase in a person’s understanding of a topic, using evidence-based information	When the undesirable health outcome is influenced by misinformation or lack of accessible, accurate information	...understand the benefits of vaccination & be able to identify myths about vaccine dangers
Beliefs	A change in a person’s personal convictions that influence their health behaviors	When the primary objective of the health campaign is to create intrinsic motivation towards a new health behavior	... understand their individual, relative risk of infection
Behaviors	A change in a person’s actions which influence their health or other health behaviors	When the need is immediate/urgent When the campaign can direct people to actionable tasks	... pursue vaccination at one of the free clinics advertised

Case Highlight: Learning to Action

A single campaign often includes a combination of information to impart knowledge or change beliefs paired with a behavior change. In the Health Navigation videos, each module includes a brief overview of a topic (for example, insurance), but ends with a behavioral instruction (“Make sure to bring your insurance card to your visit” or “If you have trouble with insurance, call (800)-555-5555 and ask to speak with a navigator.”)

DEVELOPING YOUR CAMPAIGN STRATEGY

Your campaign strategy answers the following questions:

- ▶▶ *What information are we delivering*
- ▶▶ *In what format*
- ▶▶ *During what timeframe*
- ▶▶ *With what budget*
- ▶▶ *To result in what effect*

While this may seem like a lot to determine, some decisions (e.g. the budget) will make other decisions (e.g. in what format) for you. That, in turn, means there is an ideal order to decision-making during the strategy process



1. THE TIMELINE

All campaigns require a timeline, but the way that timeline is determined can be influenced by many factors. Some of these factors may be in your control (for example, how long you'd like to spend assembling the campaign team), but others may be out of your control (for example, the urgency of the health issue you are addressing). The smartest, most efficient way to map out your timeline is to build around the factors that are out of your control, because those factors are often inflexible.



If your campaign has a deadline, reverse engineer your work from that deadline. For example, if you are working on a vaccine hesitancy campaign in preparation for a mass vaccination happening in four weeks, your timeline should be based on launching 2 weeks before the clinic.



Considering building your timeline into an already established event or activity. For example, if your campaign is about reducing youth marijuana use, it may be beneficial to plan your campaign launch in alignment with Substance Use Prevention Month in October.



A timeline that is too long may create problems for content production. For example, if your campaign is about accessing a new health program, a lengthy timeline may delay access to care, or (in a worst case scenario) the service may not be available longterm, rendering the campaign irrelevant.



A timeline that is too rushed will almost always result in higher costs & lower quality. It is much easier and less costly to, for example, spend time building the right steering committee than trying to find a key missing member after a draft campaign has already been created without their input.

2. THE BUDGET

Budgets are one of the most variable components of health campaigns. Some budgets are fixed & specific, while others can be expanded or adjusted based on emerging needs and resources. Large budgets do not necessarily result in more effective campaigns; in fact, locally-led health campaigns often have much more restrictive budgets than state or national campaigns, but the value of local expertise & connection to the target community is of intangible value. Hidden or surprise costs are one of the most challenging parts of a health campaign budget.



If a budget is not gifted or dictated to you, then you likely are responsible for securing the funding you need to launch your campaign. Small grants, local health departments, community benefits departments from nearby hospitals are all places that may be able to provide funding to your project.



In addition to improved quality, an additional benefit of a cross-agency collaboration to create a health campaign is broader access to organizational resources. Some organizations may have line items to contribute to community campaigns, while others may be able to source resources or labor to save money & time.



Bringing in a format expert early is a budget lifesaver. Format experts can detail the expected costs of a range of campaign types; for example, they can detail the cost of a billboard campaign versus a social media campaign versus a home mailer campaign, and often the variation in cost is significant.



Determine early on how to compensate labor equitably. Some members of your steering committee may be participating as part of their normal job, and do not need additional compensation. But others may be providing expertise & time outside of their normal scope of work, and oftentimes those people are asked to “volunteer” or participate in non-compensated activities (like a listening session to develop a launch strategy). Compensation for labor & expertise should be equitable, especially because the people most often asked to “volunteer” their skills & expertise are marginalized (for example, community members who act as interpreters in a community meeting without being paid to do so).

3. THE CONTENT

Determining the content of your campaign might seem straight forward, but errors in messaging, language, or calls to action can not only result in a failed campaign, but can even cause unintentional harm. Misinterpreting data, limiting access to content due to language barriers or errors, or failing to instruct your audience towards meaningful, realistic actions or behaviors will make even the most “straightforward” content a waste.



Use the simplest language possible- and then make it even simpler. It's unlikely that your content expert is actually the best person for this task. Enlist community members, school teachers, even your family members to pretest your language to make sure you aren't using jargon you didn't even know was jargon.



Visual content can be extremely effective; it often is more universally accessible than written or spoken text, and it can elicit emotional responses that motivate behavior. But beware of visual traps: stereotypes, overly dramatic scenes, or unrelatable imagery can have the opposite effect.



Balance your content in terms of discussing risks & highlighting benefits. Health behavior is not solely the result of motivation for positive outcomes or avoidance of negative outcomes. Health behavior is bound by environmental factors: access to services, social support, cultural expectations, etc. Overloaded risk messages, without acknowledgement of the many diverse influences on behavior, read as accusatory and can be demotivating.



Local content that is specific to the needs & resources of the community are almost always more effective than generalized messaging. A suggestion to call a national hotline is almost never as meaningful as a referral to a local resource in a person's actual neighborhood.

4. THE FORMAT

Choosing the right format for a health campaign is crucial to effectively engage your target audience and convey your message. The selected format should align with the audience's preferences, the complexity of the information, and the campaign's goals. Campaign formats can include print materials, in-person events, visual elements, audio elements, branding: the options are expansive, but the best campaign formats are guided by the realities & preferences of the target audience, and the goals & limitations of the campaign.



Start with your audience: how do they prefer to get their information? Where are they most likely to see or hear information? It might be a surprising place (like a liquor store, a local skate park, a temple, etc.). Choose a format that will be seen or heard or otherwise consumed by the right people.



Regardless of format, keep the messaging simple, accessible, and quick. People's attention can be lost as quickly as it can be gained. Stick to the points that you think are most compelling for creating the behavior you are hoping to influence. If you can, brand your campaign with a 3-6 word slogan, too.



Be mindful of how format changes accessibility. How will people who speak Spanish access your message? How about people who can't read? People who have vision or hearing loss? People who don't have computers or TVs or don't drive? If those people may be in your target group, consider the ways you need to amend your format.



YOUR FORMAT EXPERT IS YOUR GREATEST ASSET HERE! Take their recommendations about language, content, budget, schedule, etc. Their expertise is just as valuable as the content area expert on your team, and listening to them early & often will save immense time ...and money!

5. THE LAUNCH

You've made it to launch! This may be the most exciting and heartbreaking part of a health campaign, but some thoughtful approaches to your launch can maximize the likelihood that the good will outweigh the disappointing. Remember that launches often incur cost & time, so they should already be factored into your overall campaign long before you hit your actual launch date. Otherwise, the biggest considerations should be timing, engagement, and determining how you'll know if you did it right.



Launch your campaign at its most complete version, *especially* if your campaign will be translated or have other accessibility components. Campaigns are also most effective if all components are launched at the same time; your billboard should go up at the same time your radio spot hits the airwaves.



Decide before launching how you want to evaluate your campaign, because those metrics might influence *how* you launch. For example, you may want to ensure you have the ability to monitor views on social media, or you may want to partner with a local agency to track vaccination data pre- and post-launch, for example. Evaluation plans are much easier to establish beforehand instead of retroactively.



If you can, consider a launch event (scaled to your budget and other limitations). A launch event could be just for the folks who helped develop the campaign, it might be for community partners who can help get the message out, or it could even include members of the target audience. A launch event gives you an opportunity to build enthusiasm and support for your campaign, as well as a chance to provide some instruction about how people can support it. Consider including materials from the campaign for attendees, like copies of flyers, flash drives with downloadable materials, promotional items with your slogan, etc. This approach will expand your reach and, hopefully, the campaign's effectiveness.

STRAIGHT TALK DO'S & DON'T

In addition to more general recommendations about your campaign strategy, there are also some extremely specific lessons-learned that are worth sharing. And we promise: we learned these lessons personally enough times to know they are worth their own page.

► Lists of resources are not an intervention

Of course the resources are not useless, but the tendency for campaigns to check off the “recommend an action” box by including a list of agency/organization names and phone numbers is the laziest way to “provide resources.” Spend the time to truly curate the most meaningful resources, and give explicit guidance about how people can actually access them. That means the number to the head office is not helpful; give the direct line, the extension, and even a script of what to say.

► “Talk to your doctor” is also not an intervention...most of the time

We’ve heard it millions of times: the call to action at the end of the campaign is a throwaway message to “talk to your doctor.” There are MANY problems with that advice:

- An increasing number of people do not have “a doctor”
- There is no option for a person to make an appointment to “talk” without some other presenting issue
- In the US, those conversations cost money

Unless you are providing a doctor to talk to (say, at a health fair where people can consult on site), remove this line from your campaign vocabulary

► Don’t assume “lack of education” is the primary driver

The content and format of your campaign conveys specific assumptions. If your campaign solely or primarily provides information or education, then the assumption you have made is that your target audience is simply ill- or misinformed, and that with the “right” information, their behavior will change. This is almost never the case; health behaviors are influenced by far more than simply education and information, including individual motivation, cultural beliefs, access to or restriction from resources, etc. A successful campaign addresses the actual influences, not just the assumed ones.

You Did It!.... Right?

EVALUATION & CLOSURE



Most health campaigns are launched by people who have deep passion for the work they are doing; that means that most campaign leaders want to see that all of that work made some kind of meaningful difference. But sometimes campaign impacts are hard to capture. Largescale changes in public health outcomes are often delayed and, at that scale, can be disappointing if “the needle doesn’t move.”

But an evaluation plan doesn’t need to be limited to a single metric of success; in fact, the best evaluation plans report data on multiple campaign components instead of solely the ever-elusive measurable change in health behavior or outcomes.

TYPES OF EVALUATIONS & HOW TO USE THEM

	What it is	What it tells you	How to do it
Process Evaluation	An assessment of how well the process of creating your campaign is going, or went	Lessons learned by team members, intangible benefits (like increased collaboration), leadership quality Good for improving efficiency & morale	Anonymous, repeated polls about perceptions of the planning process; interviews about people's experiences or what they would have done differently
Implementation Evaluation	An assessment of how successfully your campaign was launched or released to the broader public	How many people your campaign reached, whether or not it reached your target audience, how recognizable or understandable your message was, whether it was liked or not	Counts of viewership; social media click-thrus; number of materials distributed; public polls about whether people saw/heard elements of your campaign
Outcome Evaluation	An assessment of the degree to which your campaign influenced or changes health behavior or outcomes	Was your campaign effective in its mission; did you improve health outcomes as your intended; were there unintended outcomes of your campaign	Pre- and post-tests of your target outcome; compared public health data pre- and post-launch; surveys/interviews with key informants about observed change



KEEP EVALUATIONS IN THEIR LANE

Each evaluation type is valuable, but it is important to interpret your data accurately & ethically. The amount of views a campaign receives is not indicative of a change in behavior. A change in reported values or beliefs is not indicative of a change in behavior. A reported change in behavior isn't always an accurate reflection of a behavior change, especially over time.

DON'T FORGET ACCESS

Sometimes a campaign can get overly focused on changes in health outcomes, but changes in health behavior can also be reflected in increases in access and utilization of services. For example, you may struggle to capture a change in community rates of diabetes, but you may be more successful in partnering with local physicians offices and collaborating on tracking any changes in diabetes screenings or treatment adherence.

BE REALISTIC ABOUT SUCCESS

Ultimately, every campaign should be working towards improved health outcomes in some capacity, but failing to measure or capture those effects doesn't mean a campaign had NO successes at all. Create an evaluation plan that captures a range of potential outcome types (changes in beliefs or perceptions, changes in care utilization, changes in knowledge, testimonials directly from community members, etc.). Not only are these plans the most accurate and complete, but they are also important for helping your team members feel that their labor had value (because it very likely DID have value).

RESOURCE APPENDIX

The following pages include reproducible materials and forms that may be useful to use in your campaign process. These items can be printed, copied, adapted, shared: our hope is that they provide a few additional tools to your campaign toolkit!

MEETING AGENDA PLANNING FORM

PROJECT TITLE:

DATE:

LOCATION:

☐ VIRTUAL ☐ IN-PERSON

MAJOR MEETING TOPICS:

ATTENDEES:

ACTION STEPS:	PERSON IN CHARGE:	DEADLINE

NEXT MEETING:

STEERING COMMITTEE BUILDER

PROJECT TITLE:

CONTENT AREA EXPERTISE

CONTENT AREA 1:

NAME	CONTACT	NOTES

CONTENT AREA 2:

NAME	CONTACT	NOTES

MESSAGING EXPERTISE

MESSAGING NEED:

NAME	CONTACT	NOTES

MESSAGING NEED:

NAME	CONTACT	NOTES

FORMAT EXPERTISE

FORMAT

NAME	CONTACT	NOTES

AUDIENCE EXPERTISE

AUDIENCE:

NAME	CONTACT	NOTES

AUDIENCE:

NAME	CONTACT	NOTES