

COMMUNITY BASED MEDIA CAMPAIGN Action Pack

Prepared for FOCUS Communities
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This Planner takes you through a 6-step process to develop a community-based media campaign on alcohol risk

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In addition, this toolkit separately references a number of tools and resources developed by the THCU.

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MEDIA CAMPAIGN Action Pack

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Introduction

This Planner is designed to help you plan and implement media-based campaigns to support alcohol risk and chronic disease prevention programs in your community. It takes you through a six-step process to develop an effective campaign.

The six-step process used in this Guide is adapted from “*An Overview of Health Communication Campaigns*” developed by The Health Communication Unit, which outlines 12 steps for developing effective health communication campaigns. The more comprehensive 12-step guide offers a definition of comprehensive communication campaigns as an organized set of communication activities to inform, persuade or motivate behaviour change.¹ For maximum impact, this organized set of activities should include a combination of media, interpersonal communication and events.

While **comprehensive** health communication campaigns include media-based, interpersonal and events-based activities, this Planner addresses **media-based** activities only. It is important to recognize that the effectiveness of such campaigns will depend on the extent to which they are coordinated with other activities underway in the community.

In an effective media campaign, **accurate information** is disseminated to **various audiences** in a community in **effective ways**. Therefore, a well-designed campaign:

Defines audiences ,	→ Step 1
sets clear objectives ,	→ Step 2
defines channels & vehicles for communication,	→ Step 3
Identifies effective messages for those audiences.	→ Step 4

Once these planning steps are completed, it's time to:

Implement the campaign	→ Step 5
and evaluate it.	→ Step 6.

This Planner offers tips and principles for each of these important steps in planning and implementing a media campaign.

For readers interested in a more in-depth examination of certain aspects of designing and planning media campaigns, the PTCC, in collaboration with THCU and CTFO, has developed the following Info-Packs:

1. ***Understanding and Using Mass Media for Tobacco Control***,
2. ***Understanding and Using Audience Analysis and Segmentation***,
3. ***Understanding and Using Fear***

You can contact the PTCC for copies, or access them from the Internet at <http://www.ptcc.on.ca>.

1. This is a partial definition taken from *An Overview of Health Communication Campaigns* developed by The Health Communication Unit. Copies of this resource are available free of charge from The Health

Communication Unit (see contact information on page 23), or from the Internet at <http://www.utoronto.ca/chp/hcu/>.

Step 1: Define Your Audience

An effective media campaign requires a clear picture of whom you want to reach with your message. Interests, needs, concerns, priorities and vocabulary vary widely among different segments of the public. Few messages are appropriate for everyone, and trying to reach everyone with one message may mean that very few people actually hear or absorb it. This step guides you through a process to identify your audience(s).

First, consider:

Are there other program and/or policy activities or plans creating a window of opportunity for a specific audience? For example, is the Public Health Unit or Stroke Centre in your community planning activities for a particular group that would benefit from a media campaign with an alcohol risk message?



Record these Activities under Step 1a on the Worksheet in the centre of the Planner.

Second, identify:

Are any provincial or national media campaigns planned or underway (such as Drug Awareness Week activities)? Who are the audiences for these? Supporting these campaigns by reaching the same audiences with local messages that are similar can magnify impacts.



Record these Activities under Step 1a on the Worksheet in the centre of the Planner

Contact FOCUS Resource Centre about current and planned national and provincial media campaigns. Contact information can be found on page 23. You can also get information from Health Canada Regional offices and from APOLNET

Third, ask yourself:

Can you reach the audience within available resources? For example, in some communities, reaching youth via radio is difficult or expensive because their preferred radio station is not a local station, and purchasing air time is too expensive for your budget. In other communities, high school and/or college run radio stations may be very popular and inexpensive to advertise on.

Fourth, consider:

Do you know enough about your audience to select effective messages and channels of communication? The following may be helpful in understanding your potential audience.

Audience Segmentation²

The public relations firm Porter/Novelli described seven distinct segments for consumers.

The **Decent Dolittles** (24%): They are less likely to smoke or drink than other groups and are also less likely to exercise, eat nutritiously, and work to stay at their ideal weights. They know that they should be performing these behaviours to improve their health, but they do not feel that they have the ability. They describe themselves as religious, conservative and clean.

The **Active Attractives** (13%): They place a high emphasis on looking good and partying. They tend not to smoke and limit their fat intake, but drink quite a bit of alcohol. They describe themselves as romantic, dynamic and vain.

The **Hard Living Hedonists** (6%): They are not very interested in health and tend to smoke and drink alcohol more than other groups. They describe themselves as daring, rugged, independent and exciting.

The **Tense but Trying** (10%): They are similar to more health oriented groups, but they tend to smoke cigarettes. They describe themselves as tense, high strung, sensitive and serious.

The **Noninterested Nihilists** (7%): They smoke heavily, actively dislike exercise and eat high fat foods. They describe themselves as being depressed, moody and homebodies.

The **Physical Fantastics** (24%): They are above average in not smoking or drinking and exercising routinely.

The **Passively Healthy** (15%): They are in excellent health, but are indifferent to living healthfully. They do not smoke or drink heavily and are quite active. They eat a high amount of dietary fat, but are the trimmest of all the groups. They are not motivated to change their behaviours.

The Health Communication Unit has a number of modules on audience profiles including tweens, teens, baby boomers and seniors that may also be helpful in defining and describing your audience. Available at <http://www.thcu.ca/infoandresources/audienceprofiles.htm>

The module specifically on **Baby Boomers Audience Profile** is available at <http://www.thcu.ca/infoandresources/boomersaudienceprofile.htm>



Having considered a number of possible audiences and having reflected on the above points, record under Step 1b) on the Worksheet in the centre of this Planner, the audience(s) you want to reach.

2. Taken from *Audience Analysis & Segmentation for Tobacco Control* (February 2000) Council for Tobacco-Free Ontario, Program Training & Consultation Centre, p. 3.

Step 2: Set Clear Objectives

Overall Goals:

Before you begin to think about specific activities for your campaign, consider what it is you wish to achieve overall. **Key to this is making plans that fit with other activities and plans in the community.**

You will want to:

Find out what your local health department is planning as part of its alcohol and other drug prevention programming. Nearly all health departments in Ontario are working on projects to promote alcohol abuse prevention with funding received from the government of Ontario. Some of these projects include plans to conduct media campaigns, and some of these media campaigns will include alcohol risk messages.

Find out about other activities going on in the community or planned that can enhance the alcohol messages being promoted throughout your community.

Find out about whether alcohol risk messages may also be planned at the provincial and national level.



You have already recorded these activities under Step 1a) on the Worksheet in the centre of this Planner.

Plan a campaign that is coordinated with the overall alcohol use reduction program in your community. Reducing alcohol consumption is a complex challenge and there is no single, easy solution.

Identifying Your Objectives

Usually, media campaigns are part of a larger communications program with long range goals and objectives. We will assume that the long-range goals of your alcohol risk reduction program are those of the Ontario provincial objectives for the FOCUS Community Programs and may include:

- To increase the level of awareness regarding the risks of injury and chronic disease associated with alcohol
- To increase the level of knowledge of low risk drinking practices
- To increase the level of knowledge of appropriate actions to prevent injuries and chronic disease associated with alcohol
- To sustain the issue of alcohol prevention with the public, decision makers and partners
- To increase the number of effective initiatives to prevent alcohol abuse

- To increase the number of effective alcohol prevention initiatives using a combination of approaches
- To increase the number of effective alcohol abuse prevention initiatives in key settings

- To increase the number of people reached by alcohol abuse initiatives
- To reduce the proportion of youth who consume alcohol at least once a week
- To reduce the proportion of adults who consume alcohol at levels that places them at risk for alcohol related injuries including chronic disease
- To reduce the proportion of licensed drivers who report driving after consuming at least 2 drinks in the previous hour
- To support reduced consumption of alcohol and associated alcohol use behaviour changes made by the intended audience.

A media campaign cannot, on its own, accomplish these long range goals. But they can help. Tables 1a and 1b suggest possible objectives for two different alcohol risk media campaigns. These tables show that media campaigns can impact at various levels including: individual, network, organizational and societal.

At the individual level, they can build awareness, improve knowledge and change attitudes.

At the network level, they can change attitudes and knowledge of key influencers, who in turn pass information on to change attitudes of other network members.

At the organizational level, campaigns can shape policies, activities and structures to support low risk drinking.

At the societal level, they can influence collective values and attitudes of society members which in turn shape laws, policies and norms.

Table 2 provides some additional examples of generic outcome objectives provided by THCU.

TABLE 1A: Objectives for Alcohol Risk and CDP Campaign

Program Goal:	
To decrease the number of adults who drink at levels that increase their risk of stroke or cancer	
Level of Impact	Objectives of a Media Campaign
Individual	<ul style="list-style-type: none"> • To increase the level of awareness about alcohol as a risk factor for stroke and cancer • To increase awareness of low risk drinking practices • To increase knowledge of what a standard drink is • To increase motivation for making and sustaining changes in drinking habits • To decrease the incidences of drinking beyond recommended limits
Network	<ul style="list-style-type: none"> • To increase the number of conversations between patients and health practitioners concerning alcohol consumption and the interactions between alcohol and prescriptions • To increase low risk drinking influences/norms within family and social networks
Organizational	<ul style="list-style-type: none"> • To decrease the number of inappropriate media messages concerning alcohol consumption and health benefits. • To increase the quantity and quality of information regarding alcohol consumption and health. • To increase the number of initiatives to prevent alcohol abuse, including prevention of injuries associated with inappropriate alcohol use
Societal	<ul style="list-style-type: none"> • To reduce the proportion of adults who consume alcohol at levels that place them at risk for chronic disease and illness • To increase collaboration amongst community groups working with alcohol and chronic disease issues. • To reduce the rate of alcohol related chronic disease, illness or death • To support reduced consumption of alcohol and associated alcohol behaviour change

It might be helpful, in setting your objectives, to familiarize yourself with the information in Step 4 “*Identifying Effective Messages*” before completing this step. This will give you ideas about selecting effective messages based on tone, appeal and content.

TABLE 2B: Objectives for Alcohol Risk and Driving Campaign

Program Goal:	
To reduce the rate of alcohol-related injury, death, or harm related to impaired driving	
Level of Impact	Objectives of a Media Campaign
Individual	<ul style="list-style-type: none"> • To influence attitudes concerning the acceptability of drinking and driving • To reduce the proportion of licensed drivers who report driving after consuming 2 or more alcoholic beverages in the previous hour • To increase awareness of risks associated with drinking and driving. • To increase the level of knowledge of appropriate actions to prevent injuries associated with impaired driving. • To increase knowledge of legal consequences of driving with blood alcohol content above the legal limit. • To increase the perception of personal susceptibility of being stopped for impaired driving. • To increase the use of designated drivers in social situations. • To increase knowledge of available community services and RIDE programs
Network	<ul style="list-style-type: none"> • To increase local politician/opinion leader knowledge concerning the personal and economic costs and impacts of impaired driving • To increase awareness of liability for injury and harms associated with drinking and driving • To increase awareness of the influence individuals have on their peers concerning drinking and driving. • To increase social support for designated drivers
Organizational	<ul style="list-style-type: none"> • To increase the number impaired driving STOP programs offered in the community. • To increase the visibility of police enforcement programs as they relate to impaired driving • To increase organizational confidence and competence in making health-related policy changes related to alcohol
Societal	<ul style="list-style-type: none"> • To increase the importance communities and society attach to the issue of impaired driving by increasing media coverage



Record your objectives under Step 2 on the Worksheet in the centre of this Planner.

If you don't find them in Table 2, review the menu of Outcome Objectives in Table 3 for other possibilities. In addition you can contact The Health Communication Unit (THCU) for advice on whether your objectives can be effectively addressed with a media campaign. Contact information is on page 23.

TABLE 2: Menu of Outcome Objectives (THCU)

<p>Individual</p>	<ul style="list-style-type: none"> • To increase awareness of risk factors • To increase awareness of personal susceptibility • To increase awareness of solutions • To increase awareness of health problems • To increase knowledge of ideas and/or practices • To increase recall about ideas and/or practices • To increase comprehension about ideas and/or practices • To increase knowledge of local services, organizations, etc • To change (increase positive, decrease negative, or maintain) attitudes • To increase motivation for making and sustaining change • To increase information seeking behaviour • To increase perceived social support • To increase confidence about making behaviour changes (self-efficacy) • To increase thinking about a topic • To improve skills • To change behaviours
<p>Network e.g. social groups, families, professional groups, church groups</p>	<ul style="list-style-type: none"> • To increase knowledge of opinion leaders/champions • To increase prevalence of favourable attitudes held by opinion leaders/champions • To increase supportive activity (e.g., number of conversations about the health issue) by opinion leaders • To increase number and kinds of health-related interactions within networks • To increase favourable social influences/norms within networks • To increase social support for positive changes by network members
<p>Organizational</p>	<ul style="list-style-type: none"> • To increase the number of gatekeepers, decision-makers and/or other influential people in organization considering policy changes or adopting specific programs • To increase the number of gatekeepers, decision-makers, other influential people and/or organizational members (or students, employees, etc) who feel that the issue is important and change is necessary • To increase the quantity and quality of information regarding the issue and the policy change required • To increase organizational confidence and competence in making health-related policy changes • To change/implement policy and/or adopt/change program
<p>Societal</p>	<ul style="list-style-type: none"> • To increase the importance communities and society attach to an issue, by increasing media coverage • To increase societal/public values and norms (attitudes and opinions) which are supportive of the policy change you are recommending • To increase activity directed to producing policy change, such as collaboration among community groups • To change/implement a policy

See The Health Communication Unit • <http://www.thcu.ca> • October 2004

Limitations of Mass Media Campaigns

Health education is a valuable, if not essential component to change. However, it is also limited in what it can accomplish. Public health experts have argued that a combination of strategies that challenges and addresses the physical, social, legal and economic environment that sustains and often encourages high-risk behavior is the most effective way to reduce behavioral health problems. Public health media campaigns can make their greatest contributions because the awareness and education components help create a climate of support for changing existing environments. (DeJong, 2002)

Studies have demonstrated that when long-term mass communication campaigns are designed and executed according to sound principles, they can play a meaningful role in changing behavior, either directly or by helping bring about environmental change at the institutional, community or policy level. Many failed campaigns in retrospect had been seriously flawed in design and execution due to poor planning and inadequate formative research (DeJong 2002).

References

William DeJong, Ph.D., "*The Role of Mass Media Campaigns in Reducing High-Risk Drinking among College Students*" *Journal of Studies on Alcohol*, Supplement #14. March 2002.

"*Community Based Media Campaigns for Tobacco Control - Planner*", The Council for a Tobacco-Free Ontario (CTFO), The Health Communication Unit (THCU), and The Program Training and Consultation Centre (PTCC). January 2000.

R.W. Eider, R.A. Shults, et al. "*Effectiveness of Mass Media Campaigns for Reducing Drinking and Driving and Alcohol-Involved Crashes*" *The American Journal of Preventative Medicine* 2004:27(1)

For a more in-depth look at what media campaigns can and cannot accomplish, see [Understanding and Using Mass Media for Tobacco Control](#), an Info-pack available from the PTCC.

Media advocacy uses the media to support policy changes. For more details about this unique use of the media, see [Understanding and Using Media Advocacy](#), an Info-pack available from the PTCC.

Step 3: Define Channels and Vehicles for Communication

In our information-rich society, you have a large number of media channels and vehicles to choose from. They include media-based, interpersonal and events-based channels. This guide zeroes in on those that are media-based (see Table 4).

TABLE 3: Media based Communication Channels and Vehicles.

CHANNELS	VEHICLES
Print	News, editorials, feature columns, paid ads, supplements, community newsletters, worksite publications, posters
Radio	Paid ads, public service announcements, phone-in shows, guest appearances, news
Television	Paid ads, public service announcements, phone-in shows, guest appearances, news
Outdoor	Billboard ads, transit shelter ads, bus ads
Phone	Taped information line
Mail	Brochures, letters
Computer-based Information Technology	e-mail, listservs, World Wide Web

Table 4 helps you analyze the many channels available to you. Remember that your objectives will help you define your communication channels. For example:

- If you want to raise awareness, look for accessible media with broad reach
- If you want to change attitudes, use channels that can give you some emotional impact (television and radio are best)
- If you want to model specific skills, television works best, because it has sound, sight, and motion.
- If you want to change public opinion, frame issues at a social level and look for news coverage via editorials, news interviews.
- If your message is complex, print presentations are usually best.

TABLE 4: Choosing your Communication Channels

CHANNEL	WHEN TO USE	PROS/CONS	TIPS
Television	<p>When you want to demonstrate or model a behaviour</p> <p>When you want to make an emotional impact</p>	<p>Pros Most powerful form in that it uses audio and visual forms of expression PSAs possible on local cable channels</p> <p>Cons Expensive Strong competition- message has to be creative Less than full attention paid by viewers Message can be lost in commercial clutter</p>	<p>Try to include health messages in news broadcasts</p>
Radio	<p>For messages targeting teens and when there is a local radio station popular with teens</p> <p>For messages targeting the general population (almost everyone listens to radio)</p>	<p>Pros Reaches widest audience of all forms Modest cost or free Can get audience involvement via call-in shows All radio stations offer free PSAs</p> <p>Cons Uses only audio forms of expression</p>	<p>Try to have your ads play at peak listening times for your audience</p>
Magazines	<p>For messages targeting specific groups</p> <p>For detailed factual, rational message delivery</p>	<p>Pros Uses written and visual forms of expression Can portray more complex information</p> <p>Cons Requires higher literacy level than other forms</p>	<p>Choose magazines you know are read by your target audience.</p>

CHANNEL	WHEN TO USE	PROS/CONS	TIPS
Newspapers	When you want to reach a broad audience rapidly	<p>Pros Rapid</p> <p>Cons Not a good channel to reach children or youth Short lifespan</p>	“Narrow cast” some messages to ethnic and community groups
Posters on community & workplace bulletin boards	To promote registration for an event	<p>Pros Uses visual and written forms of expression Message remains on display for a long period</p>	Make your own poster unique in size, colour, shape or texture to draw attention
Transit ads	When you have a simple message When you want broad reach When you want to reach youth	<p>Pros Broad reach</p> <p>Cons Not amenable to complex messages Cost</p>	Focus test ads with audience
Envelope Stuffers	When you have a simple message When you want to reach adults	<p>Pros Broad reach amongst adults</p> <p>Cons Poor reach among other groups</p>	Insert flyers in hydro/gas bills, pay cheque envelopes
Bulletin boards, grocery bags, placemats	When you have a simple message To promote theme days or weeks	<p>Pros High exposure</p> <p>Cons Can be expensive</p>	Use in combination with other methods
Computer-based information technology	For messages targeting youth or professional groups	<p>Pros Good for complex or detailed information Can be interactive and highly graphic/colourful</p> <p>Cons Not everyone has access</p>	Use in combination with other methods



Consider the above information to select the best channels and vehicles for your audience(s). Record them in Step 3 on the Worksheet in the centre of this Planner.

Be sure to capitalize on Public Service Announcements (PSAs). A PSA is a short radio, television or print message sponsored by nonprofit or government agencies. The broadcast air time or print space is provided free by radio stations, television stations, or newspapers.

Step 4: Identify Effective Messages

This step involves choosing a message for your audience that has the right **message content (or theme)**. It means choosing a message that has the right **tone** (light, heavy) and the right **appeal** (rational, emotional).

Message Content

Alcohol messages can be divided into several **themes**. Examples are:

- Media influence
- Health consequences
- Underage Drinking
- Impaired Driving
- Domestic Violence
- Liability and legal issues
- Don't start

No matter which type of message you wish to convey, the choice of tone and approach is an important one and will vary from campaign to campaign and from audience to audience.

Approach has many aspects, but you should consider at least the following 3 dimensions:

Tone

Source

Type of Appeal

Tone – light or heavy?

Should the tone be light or heavy? Is humour appropriate? Would using fear be appropriate and effective? Whether you choose a light or heavy tone depends on your message and your audience. Effectiveness of a serious vs. light tone depends on the intended audience, but an overly moralistic/preachy delivery is almost universally ineffective.

Appeal - rational or emotional?

Depending on your message and your audience, a rational or emotional appeal may be most appropriate.

Rational appeals

A factual or logical approach may be appropriate when your objective is to fill gaps in the audience's knowledge or to dispel myths. This may be especially appropriate when your audience is already interested in a problem to some extent.

One example of this would be for campaigns that combine an awareness campaign with increased enforcement. Many studies in both Canada and the U.S. demonstrate that increased enforcement combined with high profile community awareness campaigns work in reducing the incidence and resulting injuries and deaths caused by impaired driving. The goal is to make drivers believe that they have a good chance of getting caught if they drink and drive.

Emotional appeals

Messages can appeal to a variety of emotions e.g., parenthood or friendship or romance or bereavement. They may make a message attention-getting and memorable; on the other hand, strong emotional appeals may backfire if they are not done carefully.

However, depending on your message and your audience, an emotional appeal may be most appropriate. Elder concluded that emotionally intense ads that emphasize the personal and social costs of drinking and driving may be more likely to lead to community support for greater preventative measures (Elder et al 2004). If one of the goals of the project is to garner community support, then a personal appeal may be most appropriate.

Emotional appeals are particularly effective for the theme of impaired driving, and are most effective when they show babies and children being affected by other people's impaired driving.

An example of an emotional appeal is the recent Ontario campaign titled "*Think of Andrew*". This public awareness campaign used television, radio and print ads featuring home videos of a young boy and his father to raise awareness of the reality and devastation of impaired driving. The home videos, donated to the Enhanced RIDE Program by the Trudeau family, were shot in 1991 and show a then two-year-old Andrew Trudeau fishing on a camping trip, playing in his father's boat, getting ready for his first day of school, and washing his father's ATV. On October 5, 2003 Andrew Trudeau was killed and three of his friends were seriously injured after they were hit by a drunk driver.

The campaign was not professionally evaluated, however some anecdotal evidence of a positive impact came from the local police in February 2005 – 6 months after the campaign was initiated. Police found that 40% of the impaired driving incidents investigated in the month of January 2005 were the result of a citizen calling the police. The call to action on the "*Think of Andrew*" ads was "Call 911 if you suspect an impaired driver".

What about fear appeals?

Fear appeals are persuasive messages designed to scare people by describing the terrible things that will happen to them if they do not do what the message recommends.

For years health professionals have assumed that fear appeals were ineffective and that you shouldn't try to scare people into behaviour change. Recent research however, suggests that if properly done, the graphic, hard hitting, even gory images of fear appeals can have their place in health communication. (Hill 1998).

However, other researchers caution against fear appeals. They claim that fear appeals are difficult to execute, rarely succeed and should only be used under limited circumstances. They argue there is real risk that fear appeals will backfire, potentially making the problem behaviour more resistant to change. (DeLong 2002)

If fear appeal messages are selected, you should focus on certain consequences, showing only definite cause and effect relationships. The message should not allow the audience to objectify the risk, allowing them to exempt themselves with rationalizations. People can understand the certain cause and effects of auto accidents, however, campaigns that are dealing with risks that can't be immediately "felt" should probably not use fear appeals.

Below is a summary of the recommendations for fear appeal messages:

- You fully understand your audience and what scares them
- Message is vivid, personal and contains intense language
- Health risk message should emphasize the severity of the threat
- Message must contain a clear recommended action
- Recommended action must be felt as do-able

For a more in-depth look at the pros and cons of using fear in messages, see "Understanding and Using Fear Appeals for Tobacco Control" available through The Health



Consider the above information to select a theme, appropriate tone and appropriate type of appeal for each of your audiences. Record this information in Step 4a) on the worksheet in the centre of this Planner.

Refer back to your objectives and to your list of other activities planned in the community, and select a theme that fits with these.

Selecting Messages

Some campaigns come with a selection of messages to choose from. Sometimes you might have to access messages from other sources or develop your own. Remember that effective messages have three essential elements:

**Any message you choose should pass the
What? So What? Now What? test**

*Messages themselves are not intended to be divided into **What, So What, and Now What.** A 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.*

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.

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.



Select the message or messages you will use, that fit the profile you have developed for your audience and your objectives. Record this information in Step 4b) on the Worksheet in the centre of this Planner.

Refer to Appendix D – Key Messages—for information on alcohol risk, stroke and cancer messages for FOCUS media campaign 2006.

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 likeability tend to be more universal than perceptions of trustworthiness and similarity.

Characteristics of Effective Messages

Messages should be:

- **CLEAR** - Avoid messages that can be interpreted to condone what is actually unwise or unsafe behavior. And remember that clarity is a function not only of language, but also of visual elements in your message.
- **CONSISTENT** - All of your messages should be consistent with each other and with your program objectives.
- **CREDIBLE** - Use sources or spokespersons that your audience believes and trusts. For example, family or extended family members, peers, slightly older peers, successful role models are all possibilities for spokespersons. For youth, trust is often a major issue.
- **ATTENTION-GETTING** - Innumerable messages on a myriad of topics are a daily fact of life in our society. Your challenge is to break through the clutter of messages and gain attention.
- **PERSUASIVE** - Messages work best when they persuade rather than preach.
- **POINTING TOWARD A NEXT STEP** - Often, the most effective messages are those that suggest some concrete action to take after hearing the message. E.g. calling a hotline, talking to an adult, joining a group, decreasing alcohol consumption.
- **PERSONALLY RELEVANT** - Messages should respond to audience needs and interests. For example, you probably should emphasize the immediate benefits of resisting drug use, rather than long-term health effects. Audience research will help you to gauge personal relevance.
- **APPROPRIATELY APPEALING** - Messages can appeal in various ways -- principally through logic, fear, humor, and other emotions. Messages can appeal to a variety of emotions, e.g., friendship, romance or bereavement. Emotional appeals may make a message attention-getting and memorable; on the other hand, strong emotional appeals may backfire if they are not done carefully. One of the most controversial emotional appeals is fear. Careful testing with your target audience is especially important if you consider using fear. Humor may work best when a new approach is needed to an old message. But remember that people have different senses of humor -- what seems lighthearted to some may seem silly to others. Humor can also offend. Like fear, this appeal must be developed carefully. And finally, a logical approach may be appropriate when your objective is to fill gaps in the audience's knowledge or to dispel myths.
- **CULTURALLY RELEVANT** - Message appeal must be carefully developed and tested with each culturally diverse group targeted. Consider important cultural differences in language, customs, and attitudes. Use appropriate language, avoid negative stereotypes, use a variety of role models, and reflect cultural/social norms.

- **CONVEYED THROUGH APPROPRIATE CHANNELS** - There are three basic routes or methods of message delivery -- mass media, interpersonal, and community channels. Decide on the channels you will use based on what you have learned about your audience. For example, you may have found which radio station youth listen to, what television shows they watch, which recreation centers they visit, or which individuals they are likely to believe. Use channels that will reach and influence your audience; that are appropriate to your program's purpose and message and that are appropriate to the problem. Use a mix of several channels to make sure that your message is repeated and reinforced.
- **DEVELOPED IN A VARIETY OF FORMATS** - When you are considering formats (the product) for your messages, don't stop at brochures, posters, and PSAs. Also consider materials that may be new to your audience. Teen theater for youth might be an example. Bus shelter ads, billboards, print and theatre ads are other formats to consider. Your audience research will provide some suggestions/answers.
- **PRETESTED** - Test drafts of the messages and materials. Pretests or focus tests can provide insights into whether materials or channels will work with your specific audience. However, pretests cannot guarantee success.

In all cases, careful audience research should be your guide.

References:

William DeJong, Ph.D., *"The Role of Mass Media Campaigns in Reducing High-Risk Drinking among College Students"* Journal of Studies on Alcohol, Supplement #14. March 2002. <http://p2001.health.org/COMM2/comm2ttl.htm>

"Community Based Media Campaigns for Tobacco Control - Planner", The Council for a Tobacco-Free Ontario (CTFO), The Health Communication Unit (THCU), and The Program Training and Consultation Centre (PTCC). January 2000.

R.W. Eider, R.A. Shults, et al. *"Effectiveness of Mass Media Campaigns for Reducing Drinking and Driving and Alcohol-Involved Crashes"* The American Journal of Preventative Medicine 2004:27(1)

"Keys to a SUCCESSFUL Alcohol and Pregnancy Communication Campaign" Best Start Resource Centre, 2003. http://www.beststart.org/resources/alc_reduction/pdf/keys.pdf

"The return of scare tactics" David Hill, Simon Chapman and Robert Donovan *Tob. Control* 1998;7;5-8

"Lessons to be learned from tobacco" The Globe, Global Alcohol Policy Alliance Issue 3 2005 and 1 2006.

"Applying Health Communications and Social Marketing to Alcohol, Tobacco, and Other Drug Problem Prevention" <http://p2001.health.org/COMM2/comm2ttl.htm>

Step 5: Implement Your Campaign

You have now identified your audience(s). You have defined objectives for your campaign. You have identified the channels and vehicles you will use to get those messages to the audience. You have identified specific messages you will use. What remains is to identify the work that needs to be done to make this happen and to plot out a timeline. This includes determining when you will run your campaign, over what time frame and with what intensity. It includes contacting the media channels you have selected, obtaining the messages you selected in the format required and more.

Decide on when and for how long your campaign will run.

This will be dictated largely by budget. Negotiate with your selected media channels - they can advise you on timing, intensity and number of messages to run for maximum impact with a given budget. June is one of the best times to run a media campaign with an alcohol risk and stroke message. Media messages aired during or near Stroke month benefit from the heightened sensitivity and attention to messages with a stroke theme that comes with being part of a national theme week. Media channels may also be more likely to air PSAs during this time.

There are two times of year to avoid: September, when PSA time is at a premium as community agencies are announcing their fall and winter programs, and December, when stations are inundated with pre-Christmas (paid) commercials, which will pre-empt the unpaid advertising time you hope to get. It is also worth tying your campaign timing to theme days or weeks such as National Drug Awareness Week (usually the third week in November), or to key events such as the passage of new legislation or bylaws.



Determine the timeframe, intensity and time of year that your campaign will run. Record this in Step 5a) on the Worksheet in the centre of this Planner.

Set out a workplan that defines required tasks, the people responsible and the timing.

The steps required to get you to full implementation of your planned campaign should be defined. Use as a starting point the preferred dates for your campaign, and work backwards to identify and time line tasks required to get you to that point. Be sure to include on your work plan:

- preparatory tasks: obtaining messages, arranging message delivery through selected channels, developing/pulling together support materials for the campaign, setting a budget and procedures for budget administration,
- campaign implementation dates, and
- follow-up tasks.



Use the template in Step 5b on the Worksheet at the end of the planner to outline an implementation plan for your campaign.

Step 6: Evaluate Your Campaign

Your evaluation design should be seen as a planning tool. Evaluation can guide your planning for future campaigns. Your evaluation does not have to be comprehensive; good measurement of one or two indicators is better than poor measurement of many indicators. With limited resources, your evaluation should focus on tracking coverage and reach, of both direct activities (e.g., paid and unpaid coverage), and ancillary ones (e.g., news coverage generated as a result of your campaign). These are known as “process” indicators. If your campaign is particularly intensive, or generates a lot of additional media coverage, you may have sufficient intensity and reach to see changes in knowledge or attitudes. These are “outcome” indicators. However, other community experiences tell us that this is unlikely with the modest funding available to most communities.

For a more in-depth look at process evaluation, see “Understanding and Using Process Evaluation”, an Infopack available from the PTCC.

Use your objectives as a starting point to decide on key markers of success for your campaign.

Generally, media campaigns **CAN**:

- improve knowledge of the relationship between alcohol and health
- raise consciousness of other negative effects of alcohol (social unacceptability, cost, appearance, modeling influence)
- build public support for more restrictions on alcohol consumption
- raise awareness of alcohol industry tactics to lure people to drinking
- generate interest in alcohol prevention or treatment programs available in the community
- build support for collective action.

Media campaigns, on their own however, **CANNOT**:

- change behaviour
- build complex skills
- reach everyone in the same way.

The FOCUS Resource Centre will provide you with forms and recommended procedures to track media coverage and reach. Contact them if you would like additional assistance in developing an evaluation plan (contact information is on page i).



Use the table in Step 6 on the Worksheet at the end of this Planner to outline your objectives, identify indicators of success, and identify how you plan to measure these indicators.

It is not necessary to develop evaluation tools for each indicator.

Resources List:

FOCUS Resource Centre (FRC)

80 Queen St., Suite 200
Kingston, ON K7K 6W7

Phone: (613) 531-3895
e-mail: frc@frcentre.net
web: <http://www.frcentre.net>

Program Training and Consultation Centre (PTCC)

Kitchener Office

c/o Health Promotion Consulting Inc.
460 Frederick S., Suite 206
Kitchener, ON N2H 2P5

Phone: 519-571-9870
e-mail: jdavernas@ptcc-cfc.on.ca
web: <http://www.ptcc-cfc.on.ca/>

Program Training & Consultation Centre (PTCC)

Ottawa Office

c/o City of Ottawa
Public Health and Long-Term Care Branch
192 Bank St.
Ottawa, Ontario
K2P 1W8

Phone: (613) 482-7822 ext. 201 or 1-800-363-7822
e-mail: cmcdonald@ptcc-cfc.on.ca
web: <http://www.ptcc-cfc.on.ca/>

The Health Communication Unit

at The Centre for Health Promotion
Department of Public Health Sciences, University of Toronto
Health Sciences Building, 155 College Street, Room 400
Toronto, Ontario M5T 3M7

Phone: (416) 978.0522
e-mail: hershfield.larry@utoronto.ca
web: thcu.unit@utoronto.ca