

Public Health Communications Awards

APPLICATION: MOST INNOVATIVE CAMPAIGN

CONTACT INFORMATION

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Jurisdiction size (Please check one): <input checked="" type="checkbox"/> Large (Population exceeds 700,000) <input type="checkbox"/> Medium (Population less than 700,000; more than 200,000) <input type="checkbox"/> Small (Population less than 200,000; more than 50,000) <input type="checkbox"/> Very Small (Population less than 50,000)

ABOUT THE COMMUNICATIONS CAMPAIGN

Name Of Communications Campaign: Eat. Play. Breathe. myHEALTHoc.org
Brief Campaign Overview (200 Words Or Less) The <i>Eat. Play. Breathe.</i> campaign drives 10,000 people each month to www.myHEALTHoc.org - a highly interactive locally-focused website providing free tips and resources supporting eating healthfully, being physically active, and living smoke-free. Initially the campaign utilized Google ads and print media; but has successfully shifted to promotion through social media. Though developed by Orange County Public Health, the website is hosted outside the County's website enabling flexibility and independent branding, and features information and resources provided by community partners. As examples, all four county WIC providers (including the County's) are featured on an interactive WIC finder; and County and cities parks are included in an interactive park locator – which can be searched by amenities such as “playgroup” or “swimming.” A calendar provides current information on community events, farmers markets and smoking cessation classes, etc. A visually-driven blog posts news and resources and includes a subscription option so new blog posts will be pushed to recipients. The campaign and accompanying website features

local “champion” role-models sharing their success at making lifestyle changes that support health, such as losing weight, managing diabetes, and quitting smoking. These champions are featured in print, radio, and on the website.

Campaign Start Date June 27, 2014

Campaign End Date current

CAMPAIGN PLANNING AND IMPLEMENTATION

What is the purpose of this campaign? Does it address an underlying community need? Please describe why the campaign was developed. You are encouraged to submit evidence of need (e.g., local news stories, internal reports, testimonials, data, community health assessments) as an addendum to this form.

As is true throughout the state and the nation, the leading causes of death and disability amongst Orange County residents are caused by chronic diseases such as cardiovascular disease, diabetes and cancer. Despite the high cost of living in the county, approximately 30% of OC residents have income under 200% of the federal poverty level, and individuals with lower socio economic status are disproportionately affected by these conditions. The Orange County Health Care Agency (HCA) engaged the community in the development of a community health needs assessment which resulted in a community health improvement plan. The assessment highlights, and community-wide efforts are focused on chronic disease prevention. See:

http://www.ochealthiertogether.org/content/sites/ochca/oc_health_improvement_plan.pdf

Within its own programs, the HCA has taken a socio ecological approach to address the three leading behavioral causes of preventable death- healthy eating, physical activity and avoiding smoking. The development of the website and the related campaign help individuals get the resources they need to engage in healthy behaviors. This complements other programs that address policies, systems and environmental change strategies that assure the environment supports healthy choices; and direct services that work with individuals and families to gain knowledge and develop skills to support healthy behaviors.

Does your campaign address an issue related to health equity? How?

Eat. Play. Breathe. and www.myhealthOC.org are designed to appeal to individuals who are disproportionately affected by chronic disease related health disparities. As stated above, those are often residents living at lower incomes, who may have lower educational levels and who may have literacy issues. Health literacy and cultural competency are key considerations for the web development. Images are heavily used and have been selected to show people who reflect the communities to be reached. The site is built in English but is effectively translated in Spanish through Google translate. Most resources are without cost, or very low in cost (e.g. resources in the park finder).

What population was this campaign targeted to reach? How did you plan to reach them?

In general the *Eat. and Play. Breathe.* Portion of the campaign targets low income busy families, and *Breathe.* targets young adults and youth (including their parents) who might be more likely to smoke. In Orange County, this population is mostly represented by individuals with higher socio economic status.

The populations were reached through a variety of ways. The *Eat.Play.Breathe.* campaign relied on Google ads, print material and collateral material initially. Prescription pads were distributed to doctors who treat MediCal eligible children as well as those who might be seen in community clinics that serve families regardless of documentation status. Standees (floor length posters) are in clinics, at WIC sites, in libraries, and at the airport. Bookmarks are distributed in the libraries as well. Campaign ads have been at the Orange County fair, on busses and bus shelters, as well as a local billboard. The campaign is now successfully leveraging social media as well as print to promote the site, as evidenced by the growth to 10,000 hits a month.

Could this campaign be replicated or transferred to other jurisdictions? Please explain.

Absolutely! The website and campaign are both easily replicated. Other jurisdictions would need to customize the local resources such as park finder and the WIC finder. However, the infrastructure is already developed to make this easily replicable. Additionally, the current poster format includes stories of local champions. Other jurisdictions could feature their own champions but still use the format and icons which were developed through focus groups.

What partners did you work with in planning and implementing this campaign?

One of the many reasons for developing the site is to have opportunities to feature partners. The site itself is not hosted on a County server so partners could feel more included in the process. Public Health collaborated with local WIC providers to develop their components. Also, the HCA worked with OC Parks and other recreational partners to develop the physical activity finder and to keep it updated. Staff outreached to many coalitions to get input early on including the Nutrition and Physical Activity Collaborative and the Tobacco Education Coalition. Furthermore, partners were key to all of the focus group testing.

To what extent does the campaign leverage existing resources without creating new costs?

A key objective of this project was to leverage and promote existing resources. High quality, well tested, educational resources – such as My Plate, The Truth Campaign, smoking calculators developed by the American Lung Association, etc. – are great resources that are often unknown to the broader community. Rather than create new resources, Public Health strategically sought to support existing quality resources, programs, and services. The website helps busy families easily find trustworthy, user friendly, culturally relevant resources.

OUTCOMES

Did you test or evaluate your campaign? If so, how?

Google Analytics are used extensively to track hits, length of stay, language by which the site was viewed, pages viewed and also how individuals got to the site. These analytics are reviewed weekly and are regularly shared with upper management.

Google Analytics are used to identify unmet needs. For example, through the analytics, staff can see what pages individuals view most frequently as well as in what language. Staff also consider how people are getting to the site in order to drive how outreach and marketing are taking place. If people are not going to the site, then the campaign strategies need to be reconsidered and have been since the site was launched. Promotional strategies and content are periodically modified as a result of findings. For example, more content on nutrition was added when data indicated it to be among the most popular topics.

Additionally, a series of focus groups were held in English, Spanish and Vietnamese to assess what individuals would like to see in the campaign and on the site. Also, hits to the site are tracked as well as length of stay.

What were the outcomes of this campaign? To what extent were your objectives achieved?

The primary measure of success is visits to the site. As a new and innovative strategy, Public Health had no stated target for success. During the first week after the site was launched, there were approximately 35 visits. Recent analytics show about 3,000 visits per week. As of May 18, 2016, there have been 88,036 visits to the site. In recent weeks, slightly more than one third of visits were from returners to the site which suggests that people are finding meaningful content that keeps them coming back. Also, 42.6% came to the site via social media and 34.1% came via an organic search meaning that they knew the campaign slogans, searched, and got to the site. The popularity of the site has exceeded expectations.

To what extent does the campaign shift thinking about health from individual medical care to community / public health / equity issues?

The entire campaign supports healthy choices by individuals and families that promotes wellness and prevents disease. The campaign is currently featuring community champions that have demonstrated the small steps that they take every day to stay healthy. All three featured champions were caregivers to their parents who have died from chronic conditions and are inspired to take steps to “be there” for their children by making healthier choices. Through their stories, they demonstrate, for example, how to shop for healthy and affordable foods and take time to go to their local park; and that these simple everyday choices are changing their lives.

To what extent were earned media articles, letters to the editor, and op-eds published about this project?

Our partners have included articles about the site. A press release was issued and there were several interviews that resulted from that. The Orange County Board of Supervisors has placed announcements about the site in their weekly newsletters. Articles about the site routinely appear in the Cal Optima and Head Start Newsletters. Furthermore, many partner organizations have crosslinked to the site including the Orange County Department of Education, OC Public Libraries, Cal Optima and Orange County Head Start.

To what extent does the campaign inform and lead to personal and collective action to improve population health?

The use of real life individuals such as Miguel, Ana Maria and Tan encourage others to take action and get people to the site. The approximately 3000 weekly visitors to the site then find recipes as well as tips for getting fussy eaters to eat more healthfully. Site visitors take advantage of no cost activities such as ranger led hikes and smoking cessation classes. Individuals who wish to resources that will help them afford fresh fruits and vegetables need to look no further since Cal Fresh and WIC information is right there. The use of the champions helps people to feel like they too can take simple steps to engage in these health promoting behaviors. Once individuals come to the site, they are sure to find ways to help them to Eat Fresh, Play Some Way, and Breathe Smoke Free every day.

How have you used what you have learned from this experience? How will use what you have learned to improve your next communications campaign?

In the development of the site, Health Care Agency staff leveraged their strong ties to the community and engaged local partners. There are great community resources available that were lifted up from the beginning such as WIC, Cal Fresh, and parks. In order to assure consistency in messaging, staff talked to local NEOP program staff members to find out what they were trying to promote. Staff also met with countless providers and community members to hear about what they wanted to see.

Another early lesson learned for us was the use of Google Analytics. Often in campaigns, people count only impressions. While impressions are important and help to describe some level of exposure and potential social norm change, the analytics showed us the direct results of our work. We got to see what pages were getting traction. We also continually looked at how people were accessing the site to evaluate our marketing and outreach strategies.

The recent addition of champion stories has been exciting to watch unfold. As stated, in the focus groups individuals consistently stated that they wanted to hear from people like them. The volume of traffic to the site has remained consistently high since their stories have been shared.

INNOVATION

How were youth, disadvantaged populations, and other groups at high risk included in the development and public voice of the campaign?

Focus groups were held in English, Spanish and Vietnamese. One of the focus groups conducted in English was held for individuals who are African American. People liked the site and found it to be practical. However, throughout the focus groups, people shared that they wanted to hear more from “real life people who looked like them.” They wanted to hear about how people were making these changes into their lives. These comments inspired the development of the individual stories. As one example, Miguel was a focus group participant. After attending, he wanted to share his story to helpfully inspire others. We also heard a lot from people who wanted more healthy ways to prepare traditional holiday recipes. Input was sought from diverse disadvantaged communities. That input is reviewed routinely as new content gets developed.

Were social media, mobile phones, and other technology utilized in the campaign?

The site was built in a way in which it could be equally accessed on mobile devices. We felt this was particularly important when individuals would be using the physical activity finder or the WIC finder. Additionally, it was noted in the focus groups that families with lower socio economic status may not access the internet from a home computer but do access the web from their mobile devices. Social media has been a way in which individuals are drawn to the site. The Health Care Agency has a Facebook page. The weekly blog posts are posted also on the Agency’s Facebook page. As previously mentioned, in this past week, 42% of individuals accessing the site did so through social media.

Can we share this application with other local health officials who are interested in communications best practices?

Absolutely! Please do.

Please email your completed application by Friday, May 27, 2016 to:

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