PREVENTION FIRST

COMMUNICATION CAMPAIGN

Substance Use Prevention Professional Development

PREVENTION FIRST

Prevention First is a nonprofit dedicated to preventing teen drug use before it starts. Since 1980, Prevention First has provided training, technical assistance and resource materials to thousands of schools, community groups, parents, and youth.

We specialize in building the capacity of practitioners to develop strategic plans to address local substance abuse prevention needs, select and implement the best programs, curricula and strategies designed to promote social and emotional health and prevent substance abuse, and develop and implement media and communication campaigns designed to educate the public.

Prevention First is primarily funded by the Illinois Department of Human Services Division of Substance Use Prevention and Recovery. Additional funding is provided by the Illinois Department of Corrections, Illinois Department of Transportation and through private foundations and individual donations.

OUR VISION

Prevention First is the leading organization for knowledge-building and the dissemination of evidence-based prevention strategies.
We believe that evidence-based approaches are the most effective paths to building communities and proactively support health and well-being.

OUR MISSION

Prevention First advances efforts to promote healthy behaviors and prevent substance misuse in every community through a variety of evidence-based and collaborative approaches, including training, support, and public awareness.

HEADQUARTERS

2800 Montvale Dr.
Springfield, IL 62704
p: 217.793.7353
f: 217.793.7354
Toll-free: 800.252.8951

BRANCH OFFICE

33 W. Grand Avenue, Ste. 300
Chicago, IL 60654
p: 312.988.4646
f: 312.988.7096
Toll-free: 800.252.8951

WELCOME

We hope you can use this Communication Campaign Professional Development Resource Guide to meet the needs of your organization. This Communication Campaign Professional Development Resource Guide will provide you with general information, guidance, and websites that can be used as resources as you plan and implement your communication campaign.

While the *Planning and Implementing Communication Campaigns* training series offered by Prevention First is a requirement for SUPP providers, this guide provides resources and assistance if training is not immediately available. If you have already completed *Prevention First's Planning and Implementing Communication Campaigns* training, this resource guide will provide you with key points that when adhered to closely can increase the likelihood of a successful communication campaign.

Visit www.prevention.org to view additional resources and information regarding current training opportunities. For more information about technical assistance or the services we offer, please contact providerservices@prevention.org or call 217-836-5346.

OVERVIEW

Definition

Communication campaigns utilize a purposeful promotional strategy to change knowledge, attitudes, and/or behavior in a specific, intended audience via marketing and advertising techniques.

Recognizing the power of marketing and advertising in influencing consumer decisions, non-profits and the public sector have embarked on using the same powerful concepts to impact issues related to public health, including prevention of teen substance use. Communication campaigns can help to counteract the negative impact of alcohol and tobacco advertising by promoting healthy behaviors and working to change community norms. For example, communication campaigns can be used to:

- **Change Knowledge**
  Young people consistently overestimate the percentage of other youth who use alcohol, tobacco and other drugs. They also underestimate the short-term risk and harm associated with substance use. A campaign can use data and facts to dispel myths, change perceptions and provide accurate information.

- **Change Attitudes**
  Some communities might not see that youth substance use is an issue. Or some communities might see youth alcohol use as a rite of passage that is harmless and/or commonplace. A campaign can raise new issues within the public consciousness to increase public awareness and support for prevention. A campaign might also influence attitudes by appealing to feelings and emotions and promoting positive values and beliefs.

- **Change Behavior**
  Individuals may have anti-drug attitudes and accurate knowledge but may not be aware of the skills needed to resist or help prevent youth substance use. A campaign can provide examples of healthy, positive behaviors, reinforcing the protective factors that individuals might use to prevent drug use among themselves, their friends and/or their families.

Illinois SUPP Communication Campaign Requirements

SUPP providers (SUPS and CSUPS**)** must plan for and deliver two communication campaigns referred to as Campaign #1 and Campaign #2.

A. **Campaign #1: SUPS** providers must promote and implement a (youth and/or parent) communication campaign that aligns with Illinois Department of Humans Services (IDHS) evidence-based standards and addresses contributing factors for reducing past 30-day alcohol use among 8th-12th graders. **CSUPS** providers must promote and implement a (youth) communication campaign that aligns with IDHS evidence-based standards and addresses contributing factors for reducing past 30-day marijuana use among 8th-12th graders.

   Note: *SUPP providers are either approved to implement 1 to 2 locally-designed campaigns OR will implement 1 campaign using state-developed materials. SUPS providers can target youth and/or parents; CSUPS providers must target youth.* ***Providers must deliver the campaign they were approved to implement by IDHS.***

B. **Campaign #2: SUPS** and **CSUPS** providers must promote and implement a (youth or parent) communication campaign that aligns with Illinois Department of Human Services (IDHS) evidence-based standards and addresses contributing factors for reducing past 30-day alcohol, marijuana, or vaping use among 8th-12th graders.

The target audience is different than Campaign #1. Campaign #2 can address the same substance with a new audience OR a different substance with a new audience.

*Note: All providers must utilize state-designed materials for Campaign #2. **Providers must deliver the campaign they were approved to implement by IDHS.***

Campaign #2 options (excluding your original campaign target audience(s)):
• Middle School Alcohol Campaign
• High School Alcohol Campaign
• Parent Alcohol Campaign (high school and/or middle school parents)
• Middle School Marijuana Campaign
• High School Marijuana Campaign
• Parent Marijuana Campaign (high school and/or middle school parents)
• Middle School Vaping Campaign
• High School Vaping Campaign

Illinois SUPP Communication Campaign Goals and Objectives

Goal for Underage Drinking Prevention Campaigns
Reduce 30-day alcohol use among 8th -12th graders the service area.

Youth Campaign Objectives
• Increase the percent of Illinois middle school and high school youth who report it is wrong or very wrong for someone their age to drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) regularly.

• Increase the percent of Illinois middle school and high school youth who report no chance or little chance of being seen as cool if they began drinking alcohol regularly, that is, at least once or twice a month.

- Increase the percent of Illinois middle school and high school youth who report moderate or great risk of harm (physically or in other ways) if people take one or two drinks of an alcoholic beverage nearly every day.

Parent Campaign Objectives

- Increase the percentage of Illinois middle school and high school youth who report their parents have talked to them in the past year about not using alcohol.

- Increase the percentage of Illinois middle school and high school youth who believe they would get caught always or most of the time by their parents if they drank some beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) without their parents' permission.

Goal for Youth Marijuana Use Prevention Campaigns

Reduce 30-day marijuana use among 8th -12th graders in the service area.

Youth Campaign Objectives

- Increase the percent of Illinois middle school and high school youth who report it is wrong or very wrong for someone their age to smoke marijuana.

- Increase the percent of Illinois middle school and high school youth who report no chance or little chance of being seen as cool if they smoked marijuana.

Parent Campaign Objectives

- Increase the percentage of Illinois middle school and high school youth who report their parents have talked to them in the past year about not using marijuana.

Goal for Youth Vaping Prevention Campaign
Reduce past 30-day e-cigarette and vaping use among 8th-12th graders in the service area.

Youth Campaign Objectives

- Increase the percent of Illinois middle school and high school youth who report moderate or great risk of harm (physically or in other ways) if people use e-cigarettes or other vaping products.

- Increase the percent of Illinois middle school and high school youth who report no chance or little chance of being seen as cool if they use e-cigarettes or other vaping products.

Illinois SUPP Communication Campaign Standards

The SUPP Standards for communication campaigns reflect best practice based on research. The standards are the minimum requirements necessary for an effective communication campaign. The planning standards are intended to support providers in laying the groundwork needed before meeting the implementation standards. Providers developing and implementing a locally-designed campaign must meet all the SUPP standards. Providers implementing the state-developed campaign must meet all the SUPP standards, except for 2, 6, 7 and 8. *

*Illinois SUPP providers should refer to their training guide for grant specific guidance.

SUPP Standards	Local	State

Planning Phase		
1. Secure support and/or participation from those community sectors that are responsible for providing access to the target audience.	✓	✓
2. Collect IYS data from a representative sample of the target audience. When conducting a parent campaign, data may be collected from the youth of the targeted parents. • Ensure a minimum of 50% of youth from the approved campaign service area participate in the survey. • Ensure data is no more than 2 fiscal years old at the start of planning.	✓	
3. Develop a written project timeline for the planning and implementation phases which outlines: • Steps/tasks to be completed • Projected deadline for each step • The person(s) responsible	✓	✓
4. Identify primary message distribution sources that are popular and credible with the target population via survey of a demographically representative sample of the target audience.	✓	✓
5. Develop a written marketing plan for the implementation phase which includes all message/material distribution sources (ads, posters, presentations, etc.) and estimated distribution delivery dates. • Ensure implementation standards 9-12 are reflected in the plan.	✓	✓
6. Develop campaign messages and materials that are reflective of the campaign objectives and consistent with prevention best practice. • Ensure messages reflect the campaign objective(s) • Ensure messages/materials do not include moral or fear appeals. • Ensure messages/materials do not focus on the long-term risks and harm associated with use. • Ensure materials do not include images of, or representations of, alcohol, marijuana or other drugs.	✓	
7. Use pilot testing to gather feedback on all campaign messages and materials from a representative sample of the target audience (throughout the campaign). • Conduct focus groups or intercept sampling to gather feedback. • Administer an advertising ballot in conjunction with focus groups and/or intercept sampling. • Ensure a minimum of 20 members representative of the target audience participate.	✓	
SUPP Standards	**Local**	**State**

Implementation Phase		
8. Ensure all campaign messages/materials reflect the campaign objectives and are consistent with prevention best practice. • Ensure messages reflect the campaign objective(s) • Ensure messages/materials do not include moral or fear appeals. • Ensure messages/materials do not focus on the long-term risks and harm associated with use. • Ensure materials do not include images of, or representations of, alcohol, marijuana or other drugs. • Ensure materials are attractive/visually appealing to at least 2/3 of pilot testing participants. • Ensure messages are credible to at least 2/3 of pilot testing participants.	✓	
9. Implement the campaign for a minimum of 9 consecutive academic months (duration).	✓	✓
10. Use a minimum of two primary message distribution sources identified as popular and credible with the target population (see standard #4) during the campaign *(primary distribution sources reach a vast majority of the target population).*	✓	✓
11. Release new messages/materials through primary distribution sources at least once every 6 weeks to recapture the target audience's attention. *(Change new message/materials by a.) altering the wording of the text, or b.) modifying the presentation through the use of new images/graphics, or c.) utilizing a different primary message distribution source.)*	✓	✓
12. Implement supplemental methods such as contests, presentations, etc., at least once every 3 months to reinforce the campaign message and increase message saturation among members of the target audience *(supplemental methods reach a segment of the target population).*	✓	✓
13. Collect IYS survey data from a representative sample of the target audience at least once every two years throughout the campaign. When conducting a parent campaign, data can be collected from the youth of the targeted parents. • Ensure a minimum of 50% of youth from the approved campaign service area participate in the survey. • Review data every two years for progress toward objectives.	✓	✓

The Campaign Development Cycle

Utilizing a step-by-step process will help to ensure that the campaign keeps on track and that key steps are not overlooked. The steps are closely aligned with the SUPP Standards, thus, close adherence to the identified steps in each phase of this model should bring practitioners closer to best practice and enhance their chances of designing and implementing a successful campaign. Prevention First's Planning and Implementing Communication Campaign training will go into each of the steps of the campaign process in detail.

Planning Phase

The planning phase is important because it lays the foundation for the campaign. It is important to create a solid foundation during this phase; one that is based on commitment from key stakeholders, valid and sufficient data, and realistic and timelines.

Planning steps include:

1. Secure support

2. Collect and Analyze Data

3. Develop a Timeline

4. Research the Target Population

5. Develop a Marketing Plan and Budget

6. Develop Messages and Materials

7. Conduct Pilot Testing

Implementation Phase

During this phase, the campaign is launched and the marketing plan is implemented. The marketing aspect of the campaign is reinforced and supported with interactive strategies to increase the impact. Monitoring/evaluation of the campaign begins as soon as the campaign is launched. Evaluation helps determine whether the campaign is being implemented with fidelity, whether the audience is receiving the message, and if goals and objectives are being met.

Implementation steps include:

8. Produce Final Materials

9. Implement the Marketing Plan

10. Plan and Implement Supplemental Methods

11. Conduct Evaluation

Web-Based Resources

Gateway to Health Communication & Social Marking Practice
provides toolkits and templates to develop and evaluate health communication and social marketing campaigns and programs.

https://www.cdc.gov/healthcommunication/index.html

Social Media Tools, Guidelines & Best Practices
have been developed to provide critical information on lessons learned, best practices, clearance information and security requirements for a variety of social media tools. The Health Communicator's Social Media Toolkit can be found here.

http://www.cdc.gov/SocialMedia/Tools/guidelines/index.html

Health Communication Message Review Criteria
explains the minimum criteria for developing a persuasive message. McGuire's Hierarchy of Effects is discussed as the overarching basis for the tool.

http://www.publichealthontario.ca/en/eRepository/Health_communication_message_review_criteria_2012.pdf

Simply Put: A guide for creating easy-to-understand materials
helps practitioners transform complicated scientific and technical information into communication materials audiences can relate to and understand.

http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf

Why Bad Ads Happen to Good Causes, and How to Ensure They Won't Happen to Yours
is based on an unprecedented 10-year study of public interest advertising and interviews with leading practitioners in the field to help practitioners understand what readers are looking for.

https://www.thegoodmancenter.com/wp-content/uploads/2012/07/Why_Bad_Ads_Happen_to_Good_Causes.pdf

The Alcohol Education Project

The Alcohol Education Project of Hobart and William Smith Colleges uses research, education and social norms about alcohol and other drugs to promote health and well-being nationwide.

http://alcohol.hws.edu/

Center for Health and Safety Culture

The Center for Health and Safety Culture (formerly MOST of Us®) is an interdisciplinary center serving communities and organizations through research, training, and support services to cultivate healthy and safe cultures.

http://chsculture.org/

National Social Norms Center

Located at Michigan State University, the National Social Norms Center is committed to offering resources, research and education programs to advance the social norms approach to effective health promotion.

http://socialnorms.org/

The Basics of Social Marketing: How to Use Marketing to Change Behavior

Turning Point Social Marketing National Excellence Collaborative. This is a stand-alone tool to help practitioners apply effective social marketing to public health programs and practices. The publication can be downloaded:

http://216.92.113.133/Pages/pdfs/social_market/smc_basics.pdf

A Field Guide to Designing a Health Communication Strategy

O'Sullivan, G.A., Yonkler, J.A., Morgan, W., and Merritt, A.P. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, March 2003.
The purpose of this guide is to provide practical guidance to those who can design, implement, or support a strategic health communication effort.

http://ccp.jhu.edu/documents/A%20Field%20Guide%20to%20Designing%20Health%20Comm%20Strategy.pdf

Making Health Communication Programs Work (Pink Book)

National Cancer Institute. National Institute of Health Publication No. 02-5145, 2002.
NCI illustrates a four-stage planning and development process of a health communication program.

https://www.cancer.gov/publications/health-communication/pink-book.pdf

Overview of Health Communication Campaigns

The Health Communication Unit at the Centre for Health Promotion, University of Toronto, 2007. This guide provides a hands-on 12-step process to developing health communication campaigns.

http://www.publichealthontario.ca/en/eRepository/Twelve_steps_developing_health_communication_campaign_2012.pdf

Guide to Marketing Social Norms for Health Promotion in Schools and Communities

Haines, Michael P. et al. National Social Norms Resource Center, 2005. Provides a theoretical overview as well as step by step tasks for implementing a social norms marketing intervention in high school and community settings.

http://www.alcoholeducationproject.org/guidebook.html

Working with the Media

A non-profit toolkit which provides useful tips, samples and how-to's to help non-profit volunteers and professionals work with the media to obtain coverage for your work.

https://www.coloradononprofits.org/sites/default/files/attachments/Social_Media_Strategy_Toolkit.pdf

The Toolbox

Contains specific protocol for conducting social norms marketing utilizing the 7-Step Montana Model on Social Norms Marketing. The complete guide can be found online at:

http://chsculture.org/wp-content/uploads/2014/09/The-Toolbox.pdf

Books

The Focus Group Kit

Morgan DL, Krueger RA. 1998. Thousand Oaks, CA: Sage Publications. The kit includes The Focus Group Guidebook; Planning Focus Groups; Developing Questions for Focus Groups; Moderating Focus Groups; Involving Community Members in Focus Groups; Analyzing & Reporting Focus Group Results.

https://us.sagepub.com/en-us/nam/the-focus-group-kit/book6796

Focus Groups: Practical Guide for Applied Research, 5th Edition

Krueger, R.A. and Casey, MA. 2015. Thousand Oaks, CA: Sage Publications. This book gives hands-on advice to those who are seeking to conduct a focus group.

https://us.sagepub.com/en-us/nam/focus-groups/book243860

Marketing Social Change: Changing Behavior to Promote Health, Social Development and the Environment

Andreasen, Alan R. Jossey-Bass, 1995. This book offers an approach to solving a range of social problems--drug use, smoking, unsafe sex, and overpopulation--by applying marketing techniques and concepts to change behavior. The publication can be purchased at:

https://www.amazon.com/Marketing-Social-Change-Development-Environment/dp/0787901377

Social Marketing: Influencing Behaviors for Good

Kotler, Phillip and Lee, Nancy R. Sage Publications, Inc., 2015 (Fifth Edition).
This book follows the classical approach to devising and launching effective social marketing campaigns and includes many practical resources, including examples, checklists, and warnings that provide practitioners the kind of hands-on guidance they need to do social marketing well. The publication can be purchased at:

https://www.amazon.com/Social-Marketing-Changing-Behaviors-Good/dp/1452292140

How to Use Social Norms Marketing to Prevent Driving After Drinking

Linkenbach, J.W. Montana State University – Bozeman, 2006. This toolkit provides step-by-step guidance and concrete tools for implementing a social norms marketing campaign to prevent driving after drinking based on lessons learned. The publication can be purchased at:

http://chsculture.org/general-news/2006/most-of-us-toolkit/

The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians

Perkins, H. Wesley (Editor). Jossey-Bass, 2003. A resource book of evidence supporting the social norms strategy and a user-friendly exposition of how model interventions have been conducted. The publication can be purchased at:

https://www.amazon.com/Social-Approach-Preventing-College-Substance/dp/078796459X

PREVENTION FIRST

www.prevention.org

Headquarters

2800 Montvale Dr.

Springfield, IL 62704

217.793.7353

Branch Office

33 West Grand Ave., Suite 300

Chicago, IL 60654

312.988.4646