

Public Health Communications Awards

APPLICATION: CAMPAIGN WITH THE MOST IMPACTFUL OUTCOMES

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	Being Healthy Teen Wheel (BHTW)
Brief Campaign Overview (200 Words Or Less)	The Maternal, Child, and Adolescent Health (MCAH) unit within the County of San Diego Health and Human Services Agency, Public Health Services Division, Maternal, Child, and Family Health Services (MCFHS) branch is committed to promoting and protecting the health of pregnant women, children, families, and communities in San Diego County. Building upon existing health efforts that promote preconception health, the Adolescent Health Awareness Project (AHAP) funded by the March of Dimes Community Grant, was developed to optimize overall health throughout the lifespan. The overall goal of the AHAP was to develop a culturally and linguistically appropriate tool that increased preconception health awareness and education among adolescent girls 11-18 years of age; addressed health literacy;

empowered girls to be more involved in caring for their health; and improve or change behavior.

The final product was the Being Healthy Teen Wheel (BHTW). The BHTW included information on the following eight topics, including why the topic is important and tips to incorporate a healthy lifestyle: “Chew on This” (Nutrition); “Commit to be Fit” (Physical Activity); “What’s Up, Doc?” (Regular Health Check-Ups; “Embrace You” – Self-Esteem; “Too Smart to Start” – Healthy Choices; “Body Changes”; “Relationships”; and “Express Yourself” – Emotions.

Campaign Start Date

July 2012

Campaign End Date

June 2015

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.

The AHAP was developed to optimize overall health throughout the lifespan. The overall goal was to develop a culturally and linguistically appropriate tool that increased preconception health awareness and education among adolescent girls 11-18 years of age; addressed health literacy; empowered girls to be more involved in caring for their health; and improve or change behavior.

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

Preconception health refers to the health of women and men during their reproductive years and focuses on getting and staying healthy throughout their lifespan, particularly to protect the health of a baby they may have in the future. Promoting preconception health is an important strategy to preventing adverse pregnancy outcomes and improving overall health¹. At a time when many important health behaviors are developed, it is critical to provide adolescents and youth with current and accurate health information. According to the National Assessment of Adult Health Literacy (NAAL), 16-18 year olds have a relatively low level of health literacy and do not necessarily take the steps to verify the credibility of online health information. In addition, the adolescent population is growing and increasingly becoming racially and ethnically diverse with minorities more likely to live in urban areas and experience poverty at a higher rate, contributing to widening health inequities².

Youth aged 10-19 years of age comprise approximately 13% (41,610,000) of the U.S. population, according to U.S. Census Bureau estimates and although they are generally healthy, health behaviors developed during this time period can impact the risk for future chronic disease as adults. In addition, adolescents are also at risk of not only misunderstanding health information they receive but also receiving incorrect information.

¹Preconception health and health care (Centers for Disease Control and Prevention, August 2014).

²The case for investing in youth health literacy: One step on the path to achieving health equity for adolescents (National Institute for Health Care Management, October 2011).

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

The BHTW was targeted to adolescent girls 11-18 years of age. BHTWs were made available, at no cost, to various community partners that worked with the target population, including schools, clinics, and other community-based organizations. Community partners were provided trainings on ways in which they could integrate the BHTW in their existing settings, such as group sessions (e.g., health and physical education classes, after school activities, sports/recreation clubs, peer groups), one-on-one sessions (e.g., counselor, medical provider, nurse, parent/caregiver), and events (e.g., workshops, health fairs, staff-led activities). Fact sheets for community partners were also created to help explain the importance of preconception health.

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

The BHTW is a promising practice that can be replicated and incorporated into various settings. It is a cost-effective way for educators and health professionals to facilitate discussion about health and increase knowledge about healthy lifestyle choices among adolescent girls. BHTW components can be found on the [Every Woman California – Preconception Health Council of California](#) website for replication.

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

From September 2012 to August 2014, over 7,500 girls received the BHTW through 48 different partner sites, including: 18 schools, 16 community-based organizations, and 14 clinics.

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

Program staff engaged existing partners for disseminating information about the BHTW and asked that the information be shared with their contacts to establish new relationships. Partners who utilized the BHTW had the capacity to incorporate BHTW education into existing curriculum/program practices.

OUTCOMES

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

From October 2012 through November 2013, program staff tracked participating partners, conducted follow-up meetings, and re-stocked supplies, as needed. A tracking log was created to monitor the status of the agencies. Programs, such as SPSS, Microsoft Excel and Access were utilized to track adolescent and partner survey responses.

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

The BHTW was developed for adolescent girls 11-18 years of age and aimed to: 1) Increase knowledge regarding the importance of preconception health; 2) Improve or change health behavior; 3) Incorporate into existing curricula that educates adolescent girls; and 4) Empower adolescent girls to be proactive with their health. To evaluate outcome objectives and overall efficacy of the BHTW, MCAH conducted focus groups and distributed participant surveys.

In May and June 2011, three focus groups were conducted in middle and high school settings with students 9-18 years of age to collect feedback on the BHTW's design, cultural appropriateness, language, and readability. The BHTW was updated based on participant input.

From September 2012 to August 2014, more than 7,500 adolescent girls received a BHTW through schools, community-based organizations, and clinics throughout San Diego County. The BHTWs were utilized in a variety of settings, including: group (e.g., classrooms, group sessions, health and physical

education classes, after school activities, sports/recreation groups, and peer groups); one-on-one (e.g., with a counselor, medical provider or nurse, or parent/caregiver); and events (e.g., workshops, health fairs, and staff-led activities).

To measure the effectiveness of the BHTW, adolescent girls were provided a survey that asked about demographics, the setting in which the BHTW was received, if the BHTW was explained, what was learned from the BHTW, and opinions on the BHTW's design and topics covered. From October 2012 through April 2014, a total of 826 surveys were completed. Majority of respondents were adolescent girls between the ages of 11-18, with a little more than half (53%) between the ages of 10-13. In addition, more than half of respondents (64%) identified as Hispanic, 12% White, 7% African American, 5% White, 1% Pacific Islander, and 1% Native American/Alaska Native.

In terms of how the BHTW was implemented, a little over half of respondents (58%) reported receiving the BHTW in school. Majority (81%) reported that someone explained the BHTW to them once they received and 66% had someone spend between 5-15 minutes explaining the BHTW. Regarding the overall look of the BHTW, majority of the respondents indicated that they agreed or strongly agreed that:

- The BHTW was clear and easy to understand (90%).
- They learned new information from the BHTW about taking care of themselves (87%).
- They liked the way the BHTW looked (86%).
- They would try using the tips provided on the BHTW (86%).

In addition, more than half (64%) of respondents also reported that they would use the BHTW more than once. More than 80% of respondents reported liking each of the topics covered in the BHTW, including: "Chew on This" (Nutrition) (88%), "Commit to be Fit" (Physical Activity) (88%), "Too Smart to Start" (Substance Use) (87%), "Healthy Relationships" (86%), "Embrace You" (Self-Esteem) (86%), "Express Yourself" (Communication) (86%), "Body Changes" (85%), and "What's Up, Doc?" (Medical and Dental Visits) (84%).

Staff were also surveyed to assess the effectiveness of the BHTW, in which majority of respondents reported that they were able to incorporate the BHTW into routine activities (88%) and agreed or strongly agreed that the BHTW was culturally and linguistically appropriate (92%). All staff respondents (100%) agreed or strongly agreed that the BHTW helped facilitate a discussion about healthy behaviors and lifestyle choices.

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

Adolescents make up more than 12% of the U.S. population. At a time when many important health behaviors are developed, adolescents are at risk of not only misunderstanding the health information they receive due to low health literacy, but may also forego taking the steps to review health information for credibility, and ultimately receive inaccurate information¹. Although adolescents are generally healthy, mental health, substance abuse, obesity, and risky behaviors are common problems and can have long-term effects that may harm or limit an adolescent's opportunities later in life. Supportive relationships, a healthy community, and providing opportunities for adolescents to build knowledge and skills allow youth to avoid negative health outcomes and grow into healthier adults².

The BHTW was influenced by two public health frameworks, Life Course and Social Determinants of Health. The Life Course perspective approaches health as an integrated continuum that takes social and environmental factors such as health behaviors, stress, nutrition, and exposures and how they define health outcomes across the course of a person's life. Social determinants of health are economic and social conditions such as income, education, housing, family structure, etc. which have powerful effects on health and yet are beyond the reach of medical care. Experiences during adolescence shape behaviors and the goal of the BHTW is to increase knowledge and empower adolescent girls to make healthy lifestyle choices through culturally and linguistically tailored messages to engage girls in conversation about how health impacts their future successes.

¹The case for investing in youth health literacy: One step on the path to achieving health equity for adolescents (National Institute for Health Care Management, October 2011).

²America's adolescents (Office of Adolescent Health, May 2016).

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

During the project period, the BHTW was featured in numerous news articles such as the County of San Diego Public Health Services Newsletter, San Diego County Office of Education e-newsletter, and Rady Children's Hospital FACES for the Future e-newsletter. In addition, the BHTW was accepted at many conferences such as a poster presentation at the CityMatCH Leadership and MCH Epidemiology and as a speaker at the American Public Health Association. In addition, the BHTW is listed as a tool for adolescents on the Every Woman California website.

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

MCAH has been successful in building partnerships with schools, clinics, and community-based organizations. Through these relationships, the project has been able to achieve its outcome objective to establish collaborative partnerships and disseminate more than 7,500 BHTWs to adolescent girls. This dissemination will ultimately increase health literacy and provide tools and resources to adolescent girls to adopt healthy behaviors.

The sites in which collaborations were established represented diverse settings, from classrooms, group sessions, health and physical education classes, after school curricula, sports and recreation, peer groups, one-on-one counselor, to events and workshops. This extensive network of collaborations have allowed for MCAH to sustain efforts amongst these agencies that serve adolescents and are committed to promoting preconception health. Examples of successes include:

1) Collaboration with the San Diego County Office of Education (SDCOE): The SDCOE incorporated the BHTW into the Gender Support Services Girls Empowerment Group called Girls ROCK (Remarkable, Optimistic, Confident, and Knowledgeable). The Project Specialist who facilitated the groups commented, "It went great! The girls loved the color, graphics, and the fact that they can spin the wheel. I encouraged the girls to keep their wheel handy – they could share with a friend or a parent or relative. Two of the girls mentioned that they planned on sharing the wheel with their moms because they could probably benefit from the "Express Yourself" section, as it discusses stress... For the next Girls ROCK group, I am going to use the topics on the wheel as the opening/introduction for my next lessons. The eight topics can easily provide the basis for a group outline on empowering girls."

The eight topic areas covered on the BHTW became the curriculum outline for the Girls ROCK empowerment groups led throughout San Diego. In addition, the BHTW presentation developed by MCAH staff to promote preconception health efforts have been incorporated into SDCOE's Student Support Services gender-responsive trainings around girls' health and well-being. The BHTW also received recognition from SDCOE's Superintendent of Schools, Dr. Randolph Ward, which further enabled MCAH's effort to promote the BHTW across schools and districts.

2) Collaboration with FACES for the Future Program: The FACES for the Future Program through Rady Children's Hospital implemented in Hoover High School is widely considered a best-practice model for healthcare workforce development for youth. The program is comprised of exploration of health careers, academic support and enrichment, wellness support and psycho-social intervention, and youth leadership. MCAH developed and initiated a public health and health education internship for girls that used the BHTW as the basis of its curriculum. Titled, "Let's CHAT (Cover Health Advice for Teens)", students were provided health education and related group discussions, activities, and games.

3) Every Woman California Webpage: Every Woman California developed a webpage dedicated to the BHTW, including providing a general overview of the wheel and information and instructions for professional printing for agencies interested in duplicating and tailoring the BHTW with local resources. In addition, March of Dime grant funds enabled MCAH to develop its first adolescent targeted initiative. While the only efforts targeting adolescents and teens in the County's Maternal, Child, and Family Health Services (MCFHS) Branch was the Child Health and Disability Prevention (CHDP) program, MCAH can now continue to work with participating schools, community-based organizations, and clinic providers to replenish supplies and expand efforts to reach other agencies to disseminate the BHTW.

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

While there were several successes, barriers were also encountered during the development and dissemination of the BHTW. Through these experiences, however, MCAH has learned:

- A lack of prior relationships with schools required more intensified outreach and education of staff to gain buy-in of the project.
- Despite partners’ willingness to administer surveys, actual distribution was initially low due to lack of time and incentives.
- Implementation in co-ed environments was more difficult since the BHTW was tailored to adolescent girls.

Although faced with various barriers, MCAH continued to support the project by:

- Developing an action plan and distribution and outreach strategies, including identifying schools, organizations, and clinics interested in the BHTW.
- Developing a Community/Provider AHAP Packet.
- Promoting AHAP via community meetings, presentations, health fairs, and other venues.

In addition, given the feedback obtained from the target population and collaborative partners, MCAH hopes to develop a gender-neutral health education tool and companion pieces that tailor resources and information for both boys and girls. MCAH also plans on utilizing social media through the development of a social media campaign kit to assist community partners in promoting preconception health through social media.

IMPACT

Was baseline data collected for the target audience prior to campaign implementation?

Formative research was conducted via focus groups with adolescent girls to collect feedback on the BHTW’s design, cultural appropriateness, appearance, language, and readability. The BHTW was updated based on participant input.

Were results among the target audience measured during the campaign?

Evaluation surveys were developed for the target population to measure the effectiveness of the BHTW. A total of 826 surveys were received, of which 87% of respondents reported being 11-18 years of age; 64% identified as Hispanic, followed by 12% White, 7% African American/Black, 5% Asian, 1% Pacific Islander, 0.7% Native American/Alaska Native, and 6% two or more races.

When asked about their first impressions of the BHTW, majority of respondents reported liking how the wheel looked (87%) and that it is clear and easy to understand (90%). In addition, 87% of respondents reported learning new information about taking care of themselves and 83% said they will try to use the tips provided. More than half of respondents (63%) reported that they will use the wheel more than once. Respondents were also asked about each health topic in the wheel, in which more than 80% of respondents cited ‘liking’ or ‘loving’ each section, which included communication, healthy relationships, body changes, substance use, nutrition, medical and dental visits, self-esteem and body image, and physical activity.

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

MCAH conducted focus groups with middle and high school girls to assess the appropriateness of the content and general feedback on the artistic design of the BHTW. In general, the concept, content, and design received positive remarks. To culturally and linguistically tailor the materials for the population, images and graphics were reviewed by the participants. Program received input and suggestions from participants on images, designs, shapes, and colors of tool.

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

Social media, mobile phones, and other technology were not utilized during the development of the BHTW. However, given feedback, MCAH is working on developing a supplemental piece of the gender-neutral tool through a social media campaign kit to assist community partners in promoting preconception health through various social media outlets. In addition, we will continue to research smart phone applications to broaden reach and accessibility of reliable and youth-friendly health information to girls and boys.

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

Yes, this application may be shared with other local health officials interested in communications best practices.

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

Kat DeBurgh, Executive Director
Health Officers Association of California
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(916) 441-7405

