

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	It's Up to US
Brief Campaign Overview (200 Words Or Less)	<p><i>It's Up to Us</i> is a countywide media campaign designed to empower San Diegans to talk openly about mental illness, recognize symptoms, utilize local resources and seek help. By raising awareness and providing access to local resources, the campaign promotes wellness and works to reduce stigma and prevent suicide.</p> <p>One in five adults in San Diego suffers from a diagnosable mental disorder. But too often, people do not seek professional care or family/community support, or give support, because of the stigma that is associated with having a mental illness.</p>

Strategies for stigma reduction that have a high potential for sustainable behavioral impact such as social justice, social inclusion and whole self-wellness, guided the development of the campaign. Both mass media and targeted strategies were developed to convey and reinforce these messages with the intended audiences.

Research-based campaigns that utilize behavior change models can be effective in influencing knowledge, attitude and behavior. Creative goals conformed to guidelines proving that positive, strength-based messaging with clear calls to action is most effective. These themes are consistent throughout the materials, while specific language, images and aesthetics are modified to best connect with residents of San Diego County.

Campaign Start Date

4-1-2010

Campaign End Date

Ongoing

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.

Stigma is often associated with mental illness and both social stigma and self-stigma are problems that hinder help-seeking. In addition, San Diego County's average annual suicide rate of 10.7 per 100,000 (2000-09) was greater than the state average of 9.2 per 100,000.

One in five adults and one in five children in San Diego County face a mental health challenge, and many more friends and family members are also affected. Mental disorders are medical conditions, and are as important to address as physical ailments. It is essential to recognize symptoms and seek help, as these problems are not likely to go away on their own. In fact, many mental illnesses only become worse when left untreated, just like other diseases or illnesses.

A comprehensive research process in the months leading up to launch of the campaign included a review of local, national and international studies and evaluations from suicide prevention and depression media campaigns; a baseline study consisting of random digit dial phone surveys representative of San Diego residents and specific at-risk sub-groups; and 116 interviews with stakeholders representing various organizations, agencies and constituents. This formative research indicated that high percentages of San Diegans did not know how to recognize symptoms of mental illness or the warning signs for suicide, and lacked knowledge about community mental health resources.

Baseline results indicated that 73% of San Diegans thought opportunities for a person with mental illness would be limited, 41% of men said they would not want to work closely with a person with mental illness and 40% of respondents did not know how to recognize warnings signs for suicide. Hispanics (49%) were more likely to say they would be afraid to tell others if they had a mental illness. Seventeen percent of Hispanics respondents and 22% of other non-white race/ethnic groups did not believe that mental health issues are common.

Findings confirmed an essential need to increase awareness about the importance of mental health, promote help seeking and access to local resources.

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

The It's Up 2 Us campaign addresses health equity by providing tools to the general population and selected populations to reduce/prevent stigma associated primarily with mental health conditions and substance abuse, as well as suicide prevention. When a subpopulation is determined to be higher than average risk, a multimedia campaign and narrowcasting is developed to reach identified at risk populations.

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

This campaign is intended to reach all 3.2 million residents of San Diego County as well as visitors. A variety of media and social marketing tools and techniques are utilized to inform the general public about suicide prevention awareness and stigma reduction. Print media, social networking, television, radio spots and billboards are several ways the media reaches the residents of San Diego County. Material is offered are culturally appropriate and in threshold languages including Spanish, Tagalog, Vietnamese and Arabic. Specific populations for targeted approaches are based on community need and funding availability as identified. Potential populations include, but are not limited to: the Latino/Latina population, Asian/Pacific Islander population, African-American population, Lesbian, Gay, Bisexual, Transgender, and Questioning population, first responders (e.g., law enforcement, fire fighters, paramedics, medical and mental health professionals), hospital and clinic-based providers, and other populations as identified by County staff and community need.

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

The Project can and has been adapted by Riverside County, an adjacent county to the North East of San Diego County. The campaign content was slightly modified for Riverside County for their county population. This increased overall reach of the campaign from 3.2 million to 5.3 million individuals. The San Diego Campaign has received two NACo awards for Innovation: 2011 for the development of the *It's Up to Us countywide campaign* and in 2014 for the development of a best practice titled *A Guide to Using Facebook to Promote Suicide Prevention and Mental Illness Stigma Reduction*. Additional awards include a 2010 Hope Award from Bipolar Foundation, a 2011 Inspirational Media Award from NAMI (The National Alliance on Mental Illness) and a 2011 MarCom Gold Award for www.ToughTimesSD.org website.

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

Partnerships were formed with key organizations, such as Civilian (contractor), Community Health Improvement Partners (CHIP), Suicide Prevention Council and the San Diego County Access & Crisis Line in order to maintain public message alignment and appropriate resource use. Additional partnerships include: Your Social Marketer, Each Mind Matters and CalMHSA (California Mental Health Authority).

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

The campaign leverages Each Mind Matters, the statewide stigma and discrimination reduction campaign, Know the Signs, the statewide suicide prevention campaign, and Community Health Improvement Partners, a local suicide prevention and stigma reduction community facilitator, and Facebook.

OUTCOMES

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

Yes, the campaign performance is consistently evaluated in terms of website traffic, clicks, engagement on social media, and followers on social media.

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

There are 4 main objectives used to determine the success of the campaign.

- 1) The top organic (unpaid) search terms for website traffic include: It's Up 2 Us, suicide hotline, uptous, & its up to us. We can conclude that this means there is an increase in brand awareness in the market, especially with the campaign title outperforming "suicide hotline" keywords.
- 2) The campaign uses advertising that targets users based on the content in which they are reading / engaging and historical browsing activity. The industry average (benchmark) is .15% click-thru-rate (CTR). The campaign CTR is .42% or about three times the industry average. Ads are utilized to target the help seekers in the community with headlines such as "5 ways to talk to a friend about mental illness".
- 3) Facebook fans have increased about 13%, 12,806 (FY 2014-15) to 14,563 (FY 2015-16). The fans on Facebook fit the same audience profile (adults 25-54) as those targeted with paid media campaigns. Social Media content strategies evolve to fit the interests of fans who engaging with content.
- 4) Website traffic increased from 163,332 (FY 2014-15) to 229,006 (FY 2015-16) or 40%. We cannot conclude this data directly correlates to a reduction of death by suicide year-over-year; however, the data reflects 34% of unique (non-repeat) website users are new users.

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

It's Up 2 Us is a large scale social campaign aimed at starting community conversations. The campaign is promoted by learning more about mental health, finding help, accessing resources, and allows physicians to be better prepared.

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

As part of the campaign, media spots are purchased to raise awareness and provide a call to action.

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

The campaign provides website updates and social media posts to current and emerging mental health trends and local events that promote mental health and awareness.

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

Learnings from prior years of the campaign have shaped how the campaign moves forward and shapes the messaging. Website design changes as social climate and use of internet changes.

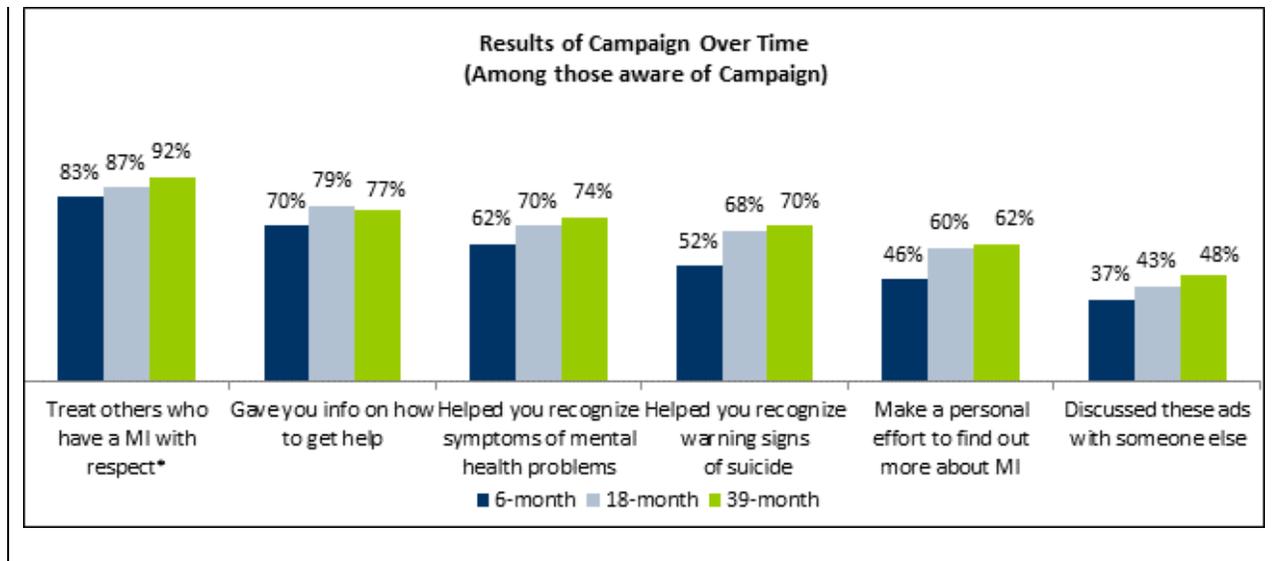
IMPACT

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

Yes, base line data was collected. Submitted with the application is a power point presentation highlighting findings from three separate time periods.

Were results among the target audience measured during the campaign?

Yes, the campaign measured the target audience at 6, 18 and 39 months into the campaign. The findings are noted in the graph below.



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

Youth, disadvantaged populations and high risk groups were interviewed and their stories were placed on a media platform to create a public voice of the campaign. Contractor continues to do focus groups as the campaign continues to evolve.

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

Yes, a robust social media presence including Facebook and Pinterest are utilized. *A Guide to Using Facebook to Promote Suicide Prevention and Mental Illness Stigma Reduction* was created as a training and implementation tool for other counties and cities interested in implementing a Facebook campaign.

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

Yes

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

Kat DeBurgh, Executive Director
 Health Officers Association of California
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