

Public Health Communications Awards

APPLICATION: MOST INNOVATIVE CAMPAIGN

CONTACT INFORMATION

Jurisdiction Name	Butte County Public Health
Contact Name	Lisa Almaguer
Contact Title	Communications Manager
Contact E-Mail Address	lalmaguer@buttecounty.net
Contact Phone Number	530.538.6313
Alternate Contact	Anna Bauer
Alternate Contact Phone Number	530.538.6896
Jurisdiction size (Please check one):	
<input type="checkbox"/> Large (Population exceeds 700,000)	
<input checked="" type="checkbox"/> X 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	Mother's Strong: Embracing Motherhood
Brief Campaign Overview (200 Words Or Less)	<p>Mothers Strong Media and Outreach campaign was designed to enhance education and awareness about the prevalence of Perinatal Mood and Anxiety Disorders, as well as direct medical providers, families and community members towards local resources. Perinatal Mood and Anxiety is very common, local supportive resources exist, and moms should not feel ashamed and/or suffer alone. The Mothers Strong collaborative exists to eliminate barriers and provide support to mothers so that they may find the help and treatment that they need.</p>
Campaign Start Date	April 2015
Campaign End Date	On going

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 purpose of this campaign is to connect mothers impacted by Perinatal Mood and Anxiety Disorder (PMAD) to needed support and resources, and to encourage medical providers to screen pregnant and postpartum mothers for PMAD. Research has determined that between 20-40% of pregnant and new mothers experience PMAD, and the effects can be very detrimental to both mothers and children. The campaign was developed to raise awareness to mothers and the community as a whole about PMAD and to leverage partnerships with medical providers to screen for PMAD in order to link mothers with resources as soon as possible.

Within the past few years, multiple governing and advisory bodies have recommended increased screening and treatment of PMAD. By in large, Butte County medical providers lacked the knowledge and resources to incorporate screening into their practices.

<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>

<http://pediatrics.aappublications.org/content/126/5/1032.full.pdf+html?sid=5fe33526-c78a-4a3f-98e3-da2d23f6e5f2>

<http://jama.jamanetwork.com/article.aspx?articleid=2484345>

Does your campaign address an issue related to health equity? How? Yes. Lower income is associated with higher rates of Perinatal Mood and Anxiety Disorder (PMAD) partially due to limited access to care and increased instances of life stressors. In our County, the City of Oroville has much lower income levels than the surrounding cities. A face-to-face event called “Embracing Motherhood” was held in Oroville on May 5, 2016. Transportation, childcare, lunch, raffle prizes and educational support materials were provided to all mothers who attended. Mothers learned about self-care, myths of motherhood, local maternal mental health resources, and engaged in a supportive mothering community.



The event was primarily promoted via email and on our Mothers Strong Facebook page, which boasts over 1000 likes and reaches more than 2000 people weekly through posts. Through the use of social media, peer-to-peer support is available by utilizing a closed/private [Facebook group called, "Mother's Strong Café."](#) The 58 member mothers in this group can communicate on the group's page 24/7 about their experiences with depression and anxiety. The peer response rate is excellent, with mothers receiving 5-10 encouraging comments from other local mothers, at all hours of the day and night. This online support has proven to be one of the biggest successes of our campaign.

What population was this campaign targeted to reach? How did you plan to reach them? The target population is mothers of young children and community stakeholders/medical providers. We have been able to reach mothers through a variety of media outlets including: print ads, bus tail advertising, champion mothers in the community, [social media](#), and push notifications via text. The community stakeholders and medical providers have been educated and targeted through several lunch and learn events and coalition meetings. Outreach materials have been developed for use by medical providers, including pocket cards, counter signs and magnets.



Mothers Strong -
Resource Card-Final



Could this campaign be replicated or transferred to other jurisdictions? Please explain. **Yes, this campaign is very transferrable to any jurisdiction. PMAD is found in every community. The print ads and bus tail banner templates can be provided as PDFs. The power point presentation geared to community partners and medical providers can also be duplicated. Any organization can create a closed group on Facebook. Butte County Public Health could provide guidelines as to how we established the group. Most importantly, no grant funding is required for this campaign. Most of the work has been achieved through a coalition of partners.**

What partners did you work with in planning and implementing this campaign? **Partner groups include: Butte County Behavioral Health, Butte County Public Health, Local Hospitals, Tribal Health, Local OBGYNs, Pediatricians, Therapists, many Community organizations, local moms who have experienced PMAD, and the Comprehensive Perinatal Services Program (CPSP).**

To what extent does the campaign leverage existing resources without creating new costs? **Through our partnerships with medical providers, we have been successful in getting them to perform additional screenings for PMAD. Our local 2-1-1 agreed to be the point of contact for Mothers Strong resources for no cost. A local hospital has developed a fee-for-service class, as well as a free support group series for maternity/postpartum patients. Multiple support groups have been started at local organizations at no additional cost. We have seen more sharing of resources and extended services available to a broader population of mothers. A core group of volunteer therapists have modified an existing support group curriculum and provide support group facilitation training to community volunteers who are interested in starting their own PMAD support groups. Local moms administer the Facebook page and closed group.**

OUTCOMES

Did you test or evaluate your campaign? If so, how? There is a post event evaluation following each of the face-to-face events, “Embracing Motherhood.” We look at attendance, media coverage, participant feedback and overall quality of our presenters the day of the event. We are also able to evaluate the effectiveness of our outreach to medical providers in that they now offer more evaluations and screenings for PMAD than they previously did.

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

Awareness has been heightened for both mothers and community partners about PMAD. There are many services and option for support available that did not exist previously. There is online support via the Facebook group, there are face-to-face support groups, more screenings offered at doctor visit, and a foundation of collaboration and community has been built amongst mothers and medical providers and community groups.

To what extent does the campaign shift thinking about health from individual medical care to community / public health / equity issues? Our messaging focuses on the bigger issues of PMAD. PMAD is not just an issues facing mothers. Depressed mothers impact the family unit, which affect school age children. When school age children suffer from dysfunctional home environments and anemic support systems, many end up in the juvenile court system; ultimately affecting the community.

To what extent were earned media articles, letters to the editor, and op-eds published about this project? The Chico News and Review, Enterprise Record (both local papers) and KNVN television station all did articles/ segments about the 2015 Embracing Motherhood Event. A letter to the editor was also submitted in May 2015 high lighting the work of Mothers Strong. An article about PMAD was published in a local parenting publication “Growing up Chico” in the Summer 2015 edition.

Link to print article: <https://www.newsreview.com/chico/baby-blues-averted/content?oid=17035209>

To what extent does the campaign inform and lead to personal and collective action to improve population health? One of the campaigns main objectives is to make sure that mother’s voices are heard, and that they know that they are not alone. Our messages include call to actions like, “Join the conversation,” and “Talk to your doctor.” To prevent isolation, we encourage and facilitate face-to-face and online support groups.

How have you used what you have learned from this experience? How will use what you have learned to improve your next communications campaign? We have learned that a majority of our audience accesses social media, and that Facebook is a primary means of conducting effective outreach. We

have learned that bus tails are a great outreach tool because they can travel all over the county and lots of people see them as they are out and about. We have learned the importance of engaging the target population (in our case, mothers who have experienced PMAD) in our outreach efforts is a best practice to insure that we do not accidentally promote a negative or misinformed message.

INNOVATION

How were youth, disadvantaged populations, and other groups at high risk included in the development and public voice of the campaign? Campaign messaging was vetted through our network of “champion mothers.” Champion mothers are mothers in the community that have volunteered to be advocates for PMAD in Butte County. Many of them have suffered from PMAD and have a deep understanding and empathy for PMAD. These mothers were able to help us correct messages and language used prior to release.

Were social media, mobile phones, and other technology utilized in the campaign? Yes. A Facebook Page was developed and a closed Facebook Group called “Mother’s Strong Café” was created for 24/7 peer-to-peer support. Push notifications via text are utilized through the Butte 2-1-1 organization. If mothers sign up, they receive supportive motherhood content straight to their mobile devices. Video Communications: We have one completed video and one informative video currently in production. Lastly, there is a [web page](#) dedicated to Mothers Strong on the HelpCentral.org site.

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

YES! Please share.

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

Kat DeBurgh, Executive Director
Health Officers Association of California
deburgh@calhealthofficers.org
(916) 441-7405

