

Public Health Communications Awards

APPLICATION: MOST INNOVATIVE CAMPAIGN

CONTACT INFORMATION

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Jurisdiction size (Please check one):	
<input type="checkbox"/> Large (Population exceeds 700,000) <input checked="" 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	OutsideIn SLO: We Take Health and Climate Change Personally
Brief Campaign Overview (200 Words Or Less)	OutsideIn SLO was a pilot project designed to highlight the co-benefits between climate change mitigation and health promotion, focusing on key strategies for reducing greenhouse gas emissions that also have a beneficial effect on health and quality of life. It was the first formal climate and health education campaign implemented by a local health department in California, which attempted to communicate climate change as a critical public health issue using existing Public Health Department programs and staff.
Campaign Start Date	January 2014
Campaign End Date	August 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.

Climate change presents an important challenge for public health, but it also offers tremendous opportunities to create healthier, more vibrant and sustainable communities. While considerable work has been done in recent years to increase public knowledge about the implications of climate change, few formal efforts have used a health frame to reach the public.

- According to Georges Benjamin, MD, Executive Director of the American Public Health Association, “Climate change is one of the most serious public health threats facing our nation. Yet few Americans are aware of the very real consequences of climate change on the health of our communities, our families and our children.”
- According to Edward Maibach, MPH, PhD, and his colleagues at the Center for Climate Change Communication at George Mason University, public health professionals have many opportunities to engage Americans in climate change issues, “thereby enhancing climate change understanding and decision-making capacity among members of the public, the business community, and government officials.”
- In 2015, the Lancet Commission stated: “The health community has a vital part to play in accelerating progress to tackle climate change. Health professionals have worked to protect against health threats, such as tobacco, HIV/AIDS, and polio, and have often confronted powerful entrenched interests in doing so. Likewise, they must be leaders in responding to the health threat of climate change. A public health perspective has the potential to unite all actors behind a common cause—the health and wellbeing of our families, communities, and countries.”

Previous work in climate change in San Luis Obispo (SLO) consisted of:

- The planning department completed one of the first climate action plans (CAP) in the state in 2010. CAPs were mandated by state government to address greenhouse gas emissions (GHGs). The Health Officer and Environmental Health Director participated in planning sessions to develop the plans but they were primarily the work of the planning department.
- The Health Promotion Division Manager had participated in workshops offered by the state on climate change communication. As a result, she began making sporadic presentations to graduate students at the local university as to why climate change is a public health issue.
- HEAL (Healthy Eating Active Living) SLO, the county obesity prevention coalition, had been in existence for eight years. The coalition did the normal things a coalition does, such as educating the community on healthy eating and active living, but had also been involved in innovative policy projects. In 2012, they worked with diverse partners to pass a Buy Local ordinance, directing county staff to purchase local produce whenever possible. Also in 2012, a Healthy Communities workgroup was formed. The purpose of this multi-disciplinary group is to review new development proposals through a health lens, sending written comments to the planning commission.
- About the same time our campaign started, the county also started participating in CalBRACE. BRACE (Building Resistance Against Climate Effects) is a CDC project that helps jurisdictions identify climate impacts in their region and prioritize interventions. CalBRACE is the CDPH partner in nationwide BRACE efforts. Researchers at CDPH developed indicators and vulnerability assessments for each participating county.

- Both the Health Officer and the Health Agency Director were supportive of climate change work and had participated in workshops and symposia on the issue.

In January 2014, staff from the Office of Health Equity at CDPH approached a Division Manager in Public Health and asked if SLO wanted to participate in a climate change communication campaign, designed to highlight the co-benefits between climate change mitigation and health promotion. The campaign would focus on key strategies for reducing greenhouse gas emissions that also have a beneficial effect on health and quality of life. The Division Manager began reaching out to community partners to ask them if they would be interested in participating and advising the project as it unfolded.

In March, Public Health convened a group of community partners and CDPH led a workshop to introduce the pilot project. The workshop included an overview of the public health impacts of climate change, a review of the data demonstrating public attitudes and perceptions on climate change, a review of recent climate change ads and messages, a discussion of how to frame climate change from a health perspective, and brainstorming to develop a campaign logo, tagline, and materials. CDPH hired a marketing firm to help develop the materials and their initial ideas were discussed with the group. Several more planning meetings were held and Public Health used \$10,000 in funds received from CalBRACE to hire a student intern to help coordinate the project. In addition to the student intern, the project team consisted of the Division Manager and two CDC Public Health Associates (CDC hires new graduates and places them with local public health departments around the nation for two year work assignments to help develop the capacity of the public health workforce).

Our approach was a health promotion approach and we were attempting to connect with people's values and emotions, but also to compel them to action. The idea was simple. Health educators are already in the community educating on nutrition and exercise. It would be easy to combine messages, focusing on the co-benefits. For example, while advising people to use active transportation and ride their bikes to work, the educator could say that riding bikes is great for your heart, can help you maintain a healthy weight, AND is good for the environment and helps reduce GHGs. The campaign had two broad goals to accomplish with a minimal budget: train staff, clients, and the community on the relationship between climate change and health; and motivate people to take action.

OutsideIn SLO: We Take Health and Climate Change Personally was formally launched at the HEAL SLO quarterly meeting on August 13. At the launch, everyone who was present (about 50 people) took a large piece of paper and filled in the blank, "I take health and climate change personally because..." Once completed, each person's picture was taken with their statement and they were featured on our Facebook page over several months. This generated a lot of traffic to our site.

Implementation of the project over the next twelve months followed a varied course. All managers in public health were notified and were asked if they wanted training of their staff on climate change and health. The Division Manager developed a Power Point training that covered everything from a basic primer of what GHGs are and how they influence the planet, to what people think about climate change, to health and climate impacts. The original version of the Power Point was one hour long, but several shorter versions were also developed, based on the time available for the training. WIC staff was trained first, in preparation for their climate change classes, but all nurses were trained, as well as environmental health specialists, lab technicians, people working in emergency preparedness, and health educators.

After internal training was complete, staff reached out to community groups and offered the training. In the initial planning meetings, many stated that reaching out to the faith community was extremely important due to health equity issues and the climate gap. Staff contacted the Interfaith Council on Faith and Justice and was invited to present to their directors, who took the message to their congregations. As a result, several congregations in the north county gathered together and heard an hour talk on climate change and health that was attended by over 60 people.

Another group that was initially identified as important to reach was the agricultural community. SLO is an agricultural county. The 2014 Crop Report, produced by the County Agriculture Department, found the top three commodities (strawberries, wine grapes, and cattle) to be valued at over \$500 million. The planning committee realized that the agricultural community is often conservative and may be unaccepting of climate change messages. With the help of CDPH in securing the speaker, OutsideIn SLO and the Center for Sustainability at Cal Poly hosted a Resilient Food Systems Conference where California Department of Food and Agriculture Secretary Karen Ross delivered the keynote presentation, making the connection between health, climate change and resilient food systems. Secretary Ross is well-known and highly respected in SLO and her message was positively received by those in attendance.

Collaboration with one of the libraries occurred, but was really quite accidental. This library was located in the northern part of the county. Their city staff had developed a CAP because it was mandated by the state, but their council directed staff to remove all references to GHGs causing climate impacts. The library decided to sponsor a climate change art contest and highlighted books on climate change during the month of November. Our staff noticed that this was occurring, contacted the library director and offered to help. We gave a training on climate change and health, staffed a children's event, and developed bookmarks on climate change that were eventually distributed to all branch libraries in the county.

There were numerous trainings in schools. The APCD, an initial partner, had a class on air quality and asthma that they had been offering to local elementary schools for many years. Our staff worked with their staff and tweaked their curriculum to define the connection between climate change and health. All students who participated in the class were given bookmarks. One of the health educators incorporated climate change and the concept of co-benefits into classes she was doing at middle and high schools on nutrition and exercise. Several staff members used the Power Point and made presentations at the local university.

Many other community groups were involved in the effort. One of the members of the Tobacco Control Coalition was an experienced climate change organizer and he asked staff to present to the Tobacco Control Coalition. He was able to tie tobacco farming practices to GHG emissions. The Health Commission, an advisory body to the Board of Supervisors, received an hour-long training which was extremely well-received. A group of first responders asked for training, and one of our beach communities had a full day workshop on local health issues and asked for a presentation as well.

An Environmental Health employee offered to coordinate farmer's market outreach using volunteers from the Environmental Health Department. Ten different farmer's markets were visited from January through March 2015. These outreach events provided opportunities to have personal one-on-one discussions with members of the public, providing insights on how people in the community viewed climate change and their receptivity to supporting the health co-benefit areas identified by the campaign. To draw people to the OutsideIn booth, simple questions on climate change were developed and the questions were put on a wheel. The person at the event would

come up to the booth, spin the wheel and answer the question. If correct, they got a “prize”; if incorrect, they would spin again and answer another question. The prizes consisted of organic seed packets and energy efficient light bulbs. Many people stayed to talk and kept spinning the wheel. They said they didn’t want another prize – they just wanted to talk about this important issue.

One of the most engaged groups who heard the presentation was a group of about 50 young adults who were in the California Conservation Corps (CCC). The CCC is a work development program specifically for men and women between the ages of 18 to 25, offering work in environmental conservation, fire protection, land maintenance, and emergency response to natural disasters. People who are accepted in the CCC are paid minimum wage and must agree to participate in weekly educational sessions. Many of them come from low-income families and view their time in the CCC as an initial step in finding their career path. The CCC members were completely engaged in the climate change presentation. Many of them stated this was the best talk they had ever had. They were particularly interested in the climate gap concept, having lived their lives in communities that were located on urban heat islands and were dotted with factories spewing toxins in the air. They all wanted to know what they could do to make a difference, and they stayed and talked to the instructor for 45 minutes after the presentation ended.

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

The “climate gap” is a term which refers to the disparities in how climate change impacts various racial, ethnic and socioeconomic groups in the United States. Data demonstrates that low socioeconomic status groups and racial and ethnic minorities will experience more negative health and economic impacts from the results of climate change than other populations. The poor and people of color will:

- Suffer higher mortality and health impacts and will experience more frequent and intense heat waves
- Be exposed to higher air pollution levels – the current pattern of pollution exposure and health inequity could become even worse
- See the “spending gap” widen and pay a greater cost for basic necessities
- Experience reduced economic opportunities with shifting job opportunities and greater job losses

Probably the most innovative part of our project was integrating the climate change message into the WIC program. WIC is a federally-funded health and nutrition program for women, infants, and children. WIC helps families by providing nutrition education, issuing checks for healthy supplemental foods, and making referrals to healthcare and other community services. Participants must meet income guidelines (185% of the federal poverty level) and be pregnant women, new mothers, infants, or children under age five. WIC participants must attend quarterly education sessions. The WIC Program Manager was part of the planning for OutsideIn SLO and suggested we do classes to participants around the impacts of climate change on health.

Because climate change was a new topic for the WIC Program to address, the first step was to train WIC staff. The WIC Program Manager said, “I think a lot of the staff was like me with their initial impressions. They never saw the link between the health issues and climate change. It was new information for them. We had solid support from the staff after the training that this was an important topic to address with our WIC clients.”

The OutsideIn SLO team worked with WIC staff to develop the WIC class curriculum and Spanish language translation. The class that was developed was about 20 minutes long and covered:

- The difference between weather and climate
- Climate impacts to expect in SLO, along with related health impacts (increased temperature, wildfires, drought, sea level rise, extreme weather events , decreased air quality)
- What people can do to make a difference – active transportation, buying local/seasonal produce, decreasing home energy use, and drinking tap versus bottled water. SLO is experiencing an extreme drought and this was an opportunity to discuss the benefits of drinking tap water. A handout was developed that showed if a person drank 20 gallons of tap water per month the annual cost was \$2.78. If they drank 20 gallons of bottled water per month, purchasing single bottles each time, the annual cost was \$1,988.00. Many clients came from countries where tap water was not safe, but were receptive to this idea once educated, because of the financial savings.

WIC staff members were interviewed prior to implementing their classes and after. All who were interviewed demonstrated increased understanding and support for climate change issues as a result of the project. One of the most significant improvements was seen in one of the WIC dietitians who was very vocal and did not see any connection between climate change and health before the start of the project, but who was making life significant changes after being exposed to campaign messages, including taking shorter showers and buying local produce.

WIC clients were also given a pre- and post-test, indicating their likeliness to take action to address climate change (scale of 1-5, with 1 indicating very unlikely to take action and 5 indicating very likely to take action) :

	Pre-class Average	Post-class Average
English speakers	4	4.4
Spanish speakers	4.2	4.5

One of the most interesting results of this survey was that the Spanish speakers appeared more likely to make changes both pre and post. In discussion during the classes, many of these clients volunteered keen insight on how climate change was already influencing their lives. (Many of the Spanish speakers come from farmworker families. With the presence of the exceptional drought in California, many farmworker jobs have been lost and families are struggling.)

While the results were not statistically significant, they indicate increased possibility for action as a result of the class. The major weakness of this effort was the failure to follow up and determine if any action was actually taken. Staff is planning to offer climate change classes to WIC clients again in June and July 2016, and will do a more rigorous evaluation component, with pre and post surveys and follow up with clients at 3 months.

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

We planned to reach public health staff as well as the broader community. The campaign was very successful and all objectives were met.

- 20 presentations were made to over 700 people including training the majority of public health staff, and educating numerous community groups and government bodies.
- Outreach was performed at 10 different farmer’s markets with interactive displays and “prizes” given to individuals who answered climate change questions correctly.

- The campaign garnered coverage in 8 earned media pieces including print, on-line articles, and radio interviews. In addition, at least one post per week was featured on the public health department's social media accounts.
- Three different public service announcements were aired, both in English and Spanish, in over 1,500 spots on local radio stations.
- 1,100 WIC families received either individual or group education on climate change. Messaging was integrated into the WIC nutrition curriculum, connecting climate and health co-benefits of buying local, seasonal produce, as well as active transportation, and things clients could do at home to save energy and improve their health.
- Over 1,700 hundred hours of staff time collectively was spent on the project but because this was spread between many staff members the burden was not unreasonable. Other than paying a student intern to help coordinate the many program facets, little additional funding was necessary to make the program operational.

It is difficult to estimate how many total people were reached by OutsideIn SLO. We know we reached over 700 people in formal presentations. Of the 700, approximately 130 were public health staff (72% of total full time staff members). We know we reached 1,100 WIC families, which represents about 5,000 people (estimating 4-5 people per family). We also know that at least the 800 followers of our Facebook page were exposed to our social media posts. But it is hard to estimate how many people saw us at farmer's markets, heard the radio spots, listened to the talk shows, or read the articles in local papers. Our radio spots were placed on every major radio station in our county, so we had thorough coverage countywide.

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

Yes – the whole point of the campaign was to be a pilot project and show other counties that this was possible with minimal funding. We learned many things as a result of this project, but in terms of sustainability we were able to demonstrate that integrating climate change messages into public health work is possible without spending a lot of money. We developed a logo, tagline and print materials but any health educator working anywhere in the country can add a climate change message to nutrition and exercise curricula, as long as their administrators approve. Since the end of the project, two counties, Kings and Mendocino, have contacted us and they are implementing their version of OutsideIn in their counties. There is interest in replicating this project from partners both within and outside California as well.

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

An impressive group of community members and staff agreed to participate in the project including: the Health Officer; a retired member of the Board of Supervisors; several members of the Planning and Building Department; representatives from the Air Pollution Control District (APCD); representatives from the metropolitan transportation planning organization (SLOCOG); representatives from the Sierra Club; a representative from the largest private local funder, the SLO County Community Foundation; a private healthcare consultant; the Executive Director of the Bike Coalition; the Environmental Health Director; WIC staff; the Public Health Nursing Director; the Emergency Preparedness Manager; several planners from local private businesses; several representatives from local non-profits serving low-income residents; and numerous representatives from the local university (faculty from the City and Regional Planning Department, the Executive Director of the Center for Sustainability in the Agriculture Department, and staff from their obesity research center). All outside collaborators were regular partners with Public Health

on many other initiatives. (One of the advantages of a small community is that everyone knows each other and is supportive of each other's work endeavors.)

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

The campaign was carried out on a shoestring budget. Actually that was one of our goals – to do this with minimal expense and show other public health departments that it was possible. Expenses were as follows:

- The campaign branding, logo, and materials that were developed (3 different flyers on local food, active transportation, and home energy use, as well as a general brochure on OutsideIn SLO) were paid for by CDPH through a small grant. Cost for material development was about \$5,000.
- The student intern worked up to 10 hours per week and was paid \$15/hour without benefits. Her total costs for the year were about \$7,000. Our public health department received \$10,000 for participating in CalBRACE so we used those funds to pay for the student intern.
- Public health staff (Division Manager, WIC staff and staff members in Environmental Health) spent about 800 hours total working on the project. They did not code their time cards differently to work on OutsideIn SLO but just considered it part of their regular day. If we use the figure of \$40 per hour, including salary and benefits, this would have cost \$32,000.
- Printing for additional materials beyond what CDPH paid for (including more brochures and the bookmarks) was about \$2,500.
- We paid \$4,000 to the radio stations to run the public service announcements. We did this on the advice of our marketing consultant. If we had submitted the ads and asked for them to run for free the stations would have done it – but they likely would not have run the ads as often during the months they were airing.
- There were additional minimal expenses for mileage and some basic office supplies. The bottom line is that Public Health ended up contributing about \$5,000 in direct costs, above and beyond what we received from CalBRACE, to sustain the program through August 2015.

OUTCOMES

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

Our goal was to educate the community about the health impacts of climate change and spur action on the part of those who received the message. Probably one of the biggest things we learned was that most people were receptive to our message. There are very conservative areas in our county and many of our elected leaders are conservative. We were often cautious when presenting our information, particularly if we were not sure of the makeup of the group. However, rarely did we encounter negative reactions from people. Some of this obviously is due to self-selection – if someone is a climate denier they are not likely to attend a presentation on climate change and health. But the staff who worked on this project was pleasantly surprised.

One of the evaluation questions we wanted to answer when designing the campaign was the effectiveness of OutsideIn SLO messages and materials in explaining the links between health and climate change. Subjectively we believe that the campaign materials along with staff interaction were very effective – but we can't prove it.

Due to limited budget, we did not conduct a formal evaluation of the project but CDPH planned to write a case study to share with other health departments in the state. Unfortunately, that was delayed due to medical issues within their staff. Prior to beginning and after activities were completed, CDPH staff interviewed selected SLO Public Health staff and partners about their views and hopes for the campaign, and their opinions on the campaign's success. We have pulled some of those quotes for use in this application.

In an interview during the evaluation phase, the Health Officer stated: "The co-benefit message was really important, particularly for a public health department to say that we are coming at this from a health improvement perspective for the individual. That really resonated for me and a lot of other people. Embedding the program in the Health Promotion division was one of the smartest things we did. While our health educators are speaking to community groups they can educate about nutrition and physical activity - but also ask people if they know that eating healthy and riding their bikes goes beyond personal wellbeing and can impact the community at large?"

The primary data we collected was quantitative – how many of each thing we did, how many people we reached. We realize this is a weak evaluation and are trying to design a stronger follow up in our next series of WIC classes this summer. Ideally, we want to know if our message resonated with people and if it caused them to make changes in their behavior.

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

In addition to some of the things already mentioned, there has been a lot of interest in our campaign from many sources, local, statewide, and on the national level. We were recently notified that we won a Model Practice Award for our project and will receive the award at the national NACCHO conference in July in Phoenix. We have also been asked to speak about our campaign to:

- A statewide conference at our local university, the Cal Poly Climate Change Conference, in August 2015
- We presented to the APHA Annual Meeting in Chicago in November 2015
- We presented to the NACCHO Climate Change workgroup in January 2016
- We met with both Kings and Mendocino County in January 2016 and they are currently working with CDPH developing their own version of OutsideIn
- We presented on a national BRACE webinar in February 2016
- We presented to the California Conference of Local Health Officers/County Health Executives Association of California, Chronic Disease committee in May 2016

Another outcome that was not anticipated was that our Public Health Department is being recognized by others who work on climate change efforts and we have been asked to participate in other collaborative groups. For example, a six county coalition, called the Central Coast Climate Collaborative, was recently formed to address climate change mitigation and adaptation. Our Public Health Department was asked to be on the organizing committee and we are the only healthcare representative participating from six counties, from San Benito to Ventura. We were also contacted by FEMA and the California Coastal Commission to be on the organizing committee for a coastal resilience workshop they plan to offer in our community this summer. Climate change work often resides in county planning departments who collaborate with air, water, and transportation organizations but health is often not considered a partner. This project has alerted our community partners that health is important and they are including us in the planning stages of their projects.

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

The materials we produced focus on the broad issues of population health. One example from our handout on Climate Change and Health:

We care about healthy living in San Luis Obispo County. That is why we are concerned about climate change. Now is the time to come together as a community and talk about how climate change is affecting our well-being. The good news is, many actions that help limit climate change also improve the health of our families and community.

The handout talks about the environmental impacts of climate change and then describes common health impacts that are related, including:

- Heat illness and death
- Respiratory illness
- Allergies
- Injuries, deaths and mental health impacts from storms and disasters
- Infectious and vector borne diseases
- Water borne disease

Health equity is a theme throughout:

While these impacts will touch all of us, children, pregnant women, seniors, people with chronic diseases, outdoor workers and farmers, people living in poverty, and some communities of color are at greater risk.

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

When the campaign was introduced, press releases went out to local media. This generated numerous calls that resulted in the nine earned media pieces and the invitations to appear on two talk radio shows. The media pieces were in local newspapers, but we also got coverage on the NACCHO national blog and the CalBRACE page through CDPH.

The local Congresswoman who represents our district read a story about our efforts in the local newspaper and made a visit to learn more. She was extremely impressed by the breadth of our activities, our inclusion of WIC participants, and the fact that we were able to do it with little funding.

Three different versions of the public service announcements (PSA) were developed; one on local food, one on active transportation, and one on home energy use. All of the pieces had a similar format to help brand them as being from the same source. Below is the PSA that focused on local food:

Did you know there are food choices you can make that both improve your health AND limit climate change? You can grow your own garden, shop at farmer's markets, and eat produce grown by local farmers. Find more ways to protect your health and the planet at HEAL SLO.com.

OutsideIn SLO....We Take Health and Climate Change Personally. OutsideIn SLO is a partnership between community organizations, the San Luis Obispo County Public Health Department and the California Department of Public Health.

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

As previously mentioned, one of the goals of our campaign was to encourage action. We focused on three areas with numerous suggestions that everyone could do. The three areas were:

- Choose Healthy and Climate Friendly Travel – actions included walking or biking instead of driving; using public transportation; advocating for safe places to walk and ride bikes
- Healthy and Climate Friendly Food – actions included eating more local fresh fruits and vegetables; shopping at farmer’s markets; growing vegetables in the backyard or at a community garden
- Saving Energy at Home – actions included turning off lights when not in use; limiting showers to 5 minutes or less; not overheating or overcooling the house

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

Lessons learned include:

- While people were receptive to our message, understanding climate change as a health issue was new for the public as well as many public health professionals. Prior to contact with OutsideIn SLO, many people were concerned about climate change but viewed the issue purely through an environmental lens. The CDC Public Health Associates made a presentation to their graduating class in Atlanta on what they had done in this project. One of the Associates stated, “After we gave the presentation, our CDC advisor came up to us and said, ‘I never would have thought of climate change as a public health issue or a priority, but you convinced me.’ That was reaffirming that our message was new and interesting to the public health community. I think because I had studied this issue I thought everyone in public health had some sort of exposure to climate change, but that didn’t seem to be true.”
- The materials that were developed and the initial trainings that occurred helped the staff and advisory group learn about the issue and support the project as it unfolded. This made them feel prepared to share information with others and have a deeper understanding of the issue before going out and talking with the public and other partners.
- It is generally accepted that any project needs leadership support to be successful and it was especially true in the case of OutsideIn SLO. Having both the Health Officer and Agency Director in support of our goals and giving staff permission to work on this during their daily routine made the project possible. The CDC Associates’ Supervisor also was supportive, which allowed the project to happen with little direct funding.
- The advisory group struggled with the logo and project name and there never was consensus on the title “OutsideIn SLO”. We still have people saying that they don’t get it – what does it mean? However, several people stated that the name served as a conversation starter, provoking curiosity. We learned that naming things is tough. In public health we are not very creative with the titles of our programs. We call things, “The Tobacco Control Program”, or “The AIDS Program”, or “Maternal, Child, and Adolescent Health”. The advantage of these bland names is that people understand what the program is generally about without having to explain it too deeply. The disadvantage is that it is – bland! Our group understood that OutsideIn SLO would not translate well, so our decision to include the tag line (We Take Health and Climate Change Personally) was to help people understand what it was all about. The name never had the full support of the advisory committee and remains a puzzle to many. However, the importance of the name of the campaign pales in

comparison to the importance of the co-benefit framing, the content of the campaign, and the messaging behind the name.

- There was great value in having the public health department as the lead on the project due to the co-benefit frame. Public health is viewed as a trusted messenger and already has established relationships in the community. This leadership normalized the climate change issue and the partnership with CDPH provided gravity. Everyone, regardless of political persuasion, values health and communities generally value the public health perspective. When asked for her advice to other public health departments considering whether to implement a climate change communication program, the Health Officer stated: “Our state is very diverse and in some other states public health professionals may not even be able to utter the words climate change if they want to keep their jobs. The benefit of the approach we took really allowed us to be more vocal and run with it. It allowed for more direct communication about climate change through the health promotion perspective. Our experience in SLO should give other counties the optimistic sense that it is okay to talk about climate change as a public health issue.”
- One of the biggest challenges we encountered was moving from education to action. After we finished making educational presentations people would ask what they could do. We would give them the standard reply to buy local, ride their bike more, or reduce energy consumption but it often seemed to be an inadequate response. Yet, if we then suggested becoming politically engaged and contacting their elected representatives, writing letters and testifying at public hearings that seemed to be too big of an “ask”. People want to feel they are doing something to make a difference but simple actions seem too easy and important actions seem too hard. Our message continually reinforced that all of us have a role and even the simplest things taken collectively have an impact.
- Finally, while we demonstrated that this work was possible without a lot of funding, additional resources could have made the project more successful. Staff was always juggling duties and more outreach could have been done with more dedicated staff members. For example, one of our desires was to engage the business community. We printed some large window decals that could have been placed in windows of local businesses indicating their support of OutsideIn SLO. However, that would have required someone to go door-to-door explaining the program and asking businesses to participate. That never occurred but is something we would like to work on in the coming year. We also hoped to get many of our partners to engage on a deeper level by training their staffs on the issue – but that also never happened. We believe if we had money for mini-grants to help motivate partners to participate, partner engagement would have been more successful. Even offering a small amount of money legitimizes the work and usually increases participation.

INNOVATION

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

WIC staff and WIC clients were consulted before, during, and after the campaign. WIC staff was interviewed individually, before any training occurred, to ask their opinions of climate change and their willingness to work on this project. Staff then received an hour long training and discussed the issue at length. A curriculum for the clients was developed and this curriculum was brought back to a staff meeting where staff gave feedback and suggestions for improvement. While this was going on, the CDC associates interviewed about 15 WIC clients and asked their opinions. Various terms and concepts in the curriculum were tested with the WIC clients prior to implementation, to ensure

that the curriculum was meaningful and appropriate. After the project was complete, staff was interviewed again to get feedback and suggestions for improvement. WIC staff also met with the congresswoman who visited us to share their experiences, and they participated in a poster session at the annual statewide WIC conference, to share their experiences with WIC staff from other counties.

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

The student intern was tasked with providing the content for social media and worked with staff to develop relevant weekly postings. Our “likes” on Facebook increased from about 600 followers to over 800 followers after completion of the campaign, and our website traffic increased about 60% during the campaign.

As mentioned, at the kick off meeting in August 2014, community leaders were asked to write down why climate change was a personal issue for them. We posted a picture of each leader with their quote every two to three days until all pictures had been posted. We encouraged each leader to share the post on their Facebook page to increase our reach. This generated a lot of interest. Then at least weekly, another climate post was placed on Facebook, Instagram and Twitter. Here is a sample of items we posted:

- Twitter - Did you know that a 5-minute shower uses 25 fewer gallons of water than a 10-minute shower or a bath? #OutsideInSLO
- Twitter - Did you know that you could get a \$500 ticket for water runoff outdoors? Save water with #OutsideInSLO
- Facebook - OutsideIn SLO has partnered with the Atascadero Library for a climate change art show! <http://friendsoftheatascaderolibrary.org/eventsa.htm>
- Facebook - Bottled water can cost 1900x more than tap water, but doesn't publish safety reports like San Luis Obispo's tap water. <http://www.ewg.org/research/ewg-bottled-water-scorecard-2011>
- Instagram - The energy we use driving, running our homes, and transporting food all contribute to our air quality. See how this affects your health with this neat graphic from the Air Pollution Control District. #OutsideInSLO
- Instagram - Did you know that you can save over 1000 food miles by purchasing a local apple instead of processed applesauce pouches? Even better - a fresh apple is 4x cheaper!

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

Yes – please do!

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

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