

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	Yolo County Travelling Blue Dot Social Media Campaign – A stakeholder engagement project to address maternal mental health.
Brief Campaign Overview (200 Words Or Less)	The Yolo County Travelling Blue Dot Campaign transformed the new universal symbol for Maternal Mental Health into a live Blue Dot. The LIVE Blue Dot travelled to stakeholder agencies to actively engage them in a social media campaign on Facebook that promoted their agencies along with awareness about maternal mental health disorders and the need for developing a system of care. The campaign recognized that a successful approach to addressing maternal mental health would require the involvement of nontraditional stakeholders along a woman’s perinatal life course. The use of social media helped to create social connections between nontraditional stakeholders, who share a common interest despite differing program goals and approaches. -healthy and

	thriving mothers and babies. These connections lay the foundation for real working relationships that will help build a Yolo County Perinatal Mental Health System of Care.
Campaign Start Date	May 1 st of every year (first year was 2015)
Campaign End Date	Last day of May, every year

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.

In California, **up to 1 in 5** women who give birth will experience prenatal and/or postpartum depression (MIHA data, 2011-2015) thus making maternal depression the most common complication of pregnancy and postpartum. In Yolo County, local data and recommendations from the most recent **Yolo County FIMR Community Action Plan, [2007-2011 FIMR 5 year report](#) and 2013 MCAH 5 year Title V Needs Assessment** highlighted **perinatal mood & anxiety disorders** as a priority issue impacting the health of mothers and babies. In response to these concerning rates, the *Yolo County Perinatal Mental Health Collaborative* was formed at the request of the MCAH Advisory Board and FIMR Case Review Committee.

The purpose of this campaign was to engage stakeholder agencies that are critical in the development of a perinatal system of care in which there are opportunities for prevention and intervention all along a mother’s perinatal life course. We recognized that *nontraditional stakeholders* did not understand the important role they played in promoting maternal wellness and had little to no experiencing collaborating with more traditional public health and community partners involved in maternal health. As a result, we decided to focus on team building activities centered on using the new symbol for maternal mental health – the Blue Dot. We leveraged the idea of effort justification (people will come to love the thing they struggle to achieve) to get committee members to take the blue dot back to their agencies, discuss the importance of maternal mental health and take a photo with the dot for a county-wide Facebook campaign. Engagement of committee members lead to agency engagement which then allowed us access people and resources to begin building a system of care.

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

Addressing maternal depression is extremely challenging because the onset of symptoms often occur after the postpartum period (6 weeks) and often after postpartum care ends. Opportunities to screen, educate, assess, diagnose and treat are often lost because mothers frequently do not re-engage in health care services for themselves during the first year after childbirth, beyond family planning services. In addition, providers are challenged to screen and refer mothers for maternal depression for numerous reasons and mothers themselves are not

educated on what and how maternal depression looks and feels. What is normal? What is not? Then there is the societal expectations of motherhood, which often do not match the reality of life after birth. To this, we layer the stigma of mental illness, feelings of inadequacy and fears of being reported to Child Welfare if diagnosed with mental illness while parenting an infant. And in ideal situations when mothers are screened and diagnosed, available treatment options are often limited by lack of skill, capacity and insurance coverage thus making maternal mental health one of the biggest public health concerns and an issue of access to care.

This campaign was able to address maternal mental health by focusing efforts on engaging non traditional (those outside of health and behavioral health care) stakeholders in the system of care. The campaign understands that behavior and policy change must first begin with developing a relationship with the stakeholders in which they feel safe and connected to our work. Our Blue Dot campaign enabled agencies to think about their contributions to maternal wellness in a POSITIVE (thus safe) way by encouraging them to physically write down how they might or actually do support mothers. We observed that as more agencies signed on to the campaign, it became safer for those who were on the sidelines to engage – and then we hit a tipping point where agencies sought us for photos instead of us seeking them.

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

The target population for this campaign were non traditional (non clinical) stakeholder agencies key in providing prevention and intervention along a mom’s perinatal life course (prenatal to 1 year postpartum). We reached them by having Perinatal Mental Health Collaborative members take a real wooden Blue Dot to their agencies for a photo. In addition to the photo, collaborative members were encouraged to facilitate discussion about why maternal mental health matters in their agencies. And as a final ask, members facilitated writing a statement about maternal health for their agency’s Blue Dot Facebook photo and post. Stakeholders ranged from family resource centers, to home visitors, WIC staff, police officers and the District Attorney’s office.

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

Yes, yes and yes!! This campaign was successfully replicated by **Monterey County** in our first year (2015). During the planning phase of the 2016 campaign, **3 counties** requested permission and technical assistance from Yolo to replicate the Blue Dot campaign as a mechanism to address maternal mental health in their counties. These counties included **Santa Clara, Butte and Humboldt**. Exact replicas of the Yolo County Blue Dot were made by Humboldt and Santa Clara, with Butte County doing a different design and color. However all 3 dots are the exact same dimensions and utilized in the same fashion (passed around to different agencies for photos).

Sharing and replication of our project validated our efforts and belief that relationship building is a key first step in stakeholder engagement, both within Yolo and across county lines. It also demonstrated the immense opportunity that the local health jurisdictions have in collectively addressing difficult public health issues such as maternal mental health without necessarily

spending a lot of money or doing a lot of research. Relationship building doesn't have to cost a lot of money and you can have some fun along the way.

Looking back, we recognize that collaborating with and sharing resources and ideas between Yolo, Santa Clara, Humboldt and Butte created enormous positive energy, improved our process, and expanded our reach. Our Yolo County Blue Dot campaign gained recognition from State and national organizations such as Mother to Baby, Postpartum Support International, 2020MOM and Maternal Mental Health Now.

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

During both the 2015 and 2016 campaign, Yolo County HHSA/MCAH Programs facilitated the planning and implementation with strong and consistent participation from the following: Dignity Health/Woodland Healthcare Ob/Gyn and Pediatrics, Kaiser Permanente, Empower Yolo, Center for Families, First 5 Yolo, Family Hui, Help Me Grow, Yolo County Strengthening Family Network, CommuniCare Health Centers, Yolo County District Attorney's Office, Yolo County Children's Alliance, WIC, Partnership Healthplan of California, Yolo 211, Yolo Family Services Agency and Planned Parenthood. During the 2016 campaign, 2020MOM, Maternal Mental Health Now, Butte County MCAH, Santa Clara Dept of Public Health and Humboldt MCAH Programs also collaborated with us to cross promote all our Blue Dot posts.

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

The success of this campaign was that it leveraged only existing resources and the committee member's imagination and social networks. The MCAH programs provided \$67.00 to purchase a round wooden board, chalkboard paint and chalk pens. Collaborative members provided time, energy and donated cabinet handles to make the Blue Dot. Yolo County HHSA already had a Facebook page and the local MCAH Program provided in kind staff support to set up the FB posts and track analytics that were tied to their annual MCAH Scope of Work deliverables.

OUTCOMES

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

We utilized 2015 as our baseline year and measured Facebook reach, shares and likes. The 2016 campaign was rolled out in the same fashion tracking the same data. Because 2015 was a success and because the word got out about the travelling Blue Dot, we were able to exceed last year's numbers. In addition, the Blue Dot campaign has been incorporated into the Yolo County's Community Health Improvement Plan as the activity to decrease stigma and raise awareness around a mental health issue. With that inclusion, our data points are now available for the public to follow on a newly purchased data dashboard thus allowing us to reach a larger community of stakeholders, track outcomes year after year and share data easily.

What were the outcomes of this campaign? To what extent were your objectives achieved?			
(as of 5/24/16)	Year 2015	Year 2016	% change
Agency Photos/Posts	15	23	+35%
Facebook Reach	5271	6666	+21%
Shares	42	54	+22%

Outcomes are noted in the above chart. Because our project was written into the Community Health Improvement Plan developed for Public Health Accreditation, we worked with our accreditation team to set goals of increasing all data points by at least 10%. Final outcome data will be made available early June after the campaign is completed at the end of May, but to date, we have already far exceeded our goal.

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

The entire focus of this social media campaign was to engage stakeholders at the system level to think about how they can affect maternal mental health from an agency and access standpoint. The active involvement of collaborative members and the numbers of agencies that participated in our campaign, their statements of why maternal mental health matters and their requests for more training and education demonstrated great success in moving the conversation about maternal mental health from the mom who is suffering to the agencies and systems who must care for her and child.

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

This project received numerous recognition over the past 2 years; Not all were media articles or op eds, but the UT San Diego published an article on our use of the Blue Dot symbol. Listed below are evidence of the success of our project.

Yolo County Travelling Blue Dot 2015/2016 Achievements

- Invitation to present to the County Health Executives Association of California (CHEAC) – Aug 2015
- Distribution of “1in7” Blue Dot buttons (created to accompany our social media campaign) at the Partnership Healthplan of California Maternal Mental Health Summit named after our buttons - “1in7”. Over 300 attendees representing 14 Northern California Counties attended– March 2016
- Replication of the travelling Blue Dot social media campaign by Monterey County – May 2015
- Replication of the travelling Blue Dot social media campaign by Humboldt, Santa Clara and Butte County – May 2016
- Development of a Yolo County Travelling Blue Dot Social Media Campaign toolkit, adopted from Santa Clara County and shared with Humboldt County. – May 2016
- Development of a Maternal Wellness Guide accessible through a [Blue Dot button](#) on the guided search page of Yolo 2-1-1 that will support healthcare providers and community

agencies in linking mothers to resources. The wellness guide utilized the Strengthening Families Framework and local Help Me Grow program to guide resource selection. Requests to replicate the use of the Blue Dot button on the 211 platform have come in from Sonoma County MCAH and the [Yolo Resilience Network](#) (ACEsConnection).

- Travelling Blue Dot photos were taken with MCAH Action (California’s MCAH Director’s association) and MCAH Program Staff at the California Department of Public Health – May 2016
- News coverage of our Blue Dot efforts in the [UT San Diego](#) newspaper. – May 2016
- Invitation to present at the 2016 PSI National Conference in San Diego – June 2016 (attendance of over 400 people expected)

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

This campaign sought and achieved its goal of engaging agencies to begin conversations about their critical role in addressing maternal mental health. By taking a photo with the Blue Dot, agencies made a statement that they cared about the mental health of mothers. This action will allow the Yolo County Perinatal Mental Health Collaborative to loop back to these agencies when specific resources, individuals or information is needed to identify system of care gaps and interventions. The campaign opened a door, facilitated a conversation and established a relationship....it helped connect people.

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

As we complete the 2016 Blue Dot Campaign, we have come to understand the importance of several key elements and ideas which challenged our team and helped push us towards success. These lessons learned are perhaps are greatest achievement because in Yolo County, agencies are feeling more connected than ever, with maternal mental health as a unifying issue.

Our collective lessons learn include the following and we are committed to continued improvement of our campaign.

- A collective impact approach is critical to promotes inclusion and shared responsibility
- Stakeholders must collaborate, but leadership must invest time and efforts into helping stakeholders move from networking -> partnering->cooperating and then finally COLLABORATING.
- Have a facilitator and activities that are not funding dependent. It’s easier to replicate.
- Make space at every meeting to invest in team building and increasing knowledge about MMH
- Collect data to show impact to your collaborative members so they can show their leadership

- Learn how to articulate how Maternal Mental Health impacts every sector of the community
- Infuse the idea of “effort justification” into collaborative activities. “if I have to put effort into something, it will have more value”
- Celebrate every win, discuss every challenge – every chance you get
- Be inclusive in your activities
- Be transparent in your activities
- Document your activities and successes and share widely
- Use technology and teach others how to use technology, every chance you have

INNOVATION

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

Our campaign was inclusive of any agency that wanted to participate. Collaborative members sought out family members, agency leadership and even their own physicians to champion this campaign. Because many of the collaborative members were mothers and fathers themselves, they sought out feedback and input from friends and family and all of this were incorporated into the campaign roll out. And finally, in the 2016 campaign, two mothers were identified by committee members and invited to give feedback and input on how to connect to mothers using our Blue Dot for the 2017 campaign.

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

Yes - We chose to utilize the Yolo County HHSA Facebook site because Facebook is a readily accessible and acceptable social media venue for many nonprofits, community agencies, and governmental entities. It also provided free analytics and was the most common social media tool used by stakeholder agencies.

One unintended, but very positive outcome of this social media campaign was that this project forced staff in both partner agencies and the LHJs to become more familiar with social media. County social media policies were reviewed and facebook posts actually helped drive traffic to our own Yolo County HHSA website which has struggled to engage the community. Our Yolo County Perinatal Mental Health Collaborative is now best known for our Blue Dot Social media campaign and we are often sought out for technical assistance by other programs and collaboratives for technical assistance.

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

YES PLEASE!!! And THANK YOU for this opportunity !

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

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