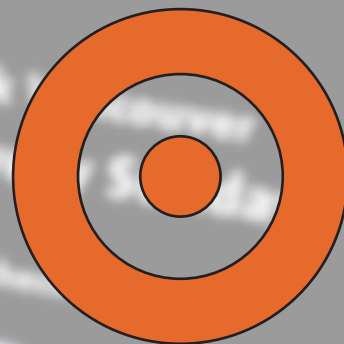




# A guide to planning effective health communication campaigns for gay men

François Lagarde and Phillip Banks



*AIDS Vancouver exists to alleviate individual and collective vulnerability to HIV & AIDS through care and support, education, advocacy and research. For more information visit: [www.aidsvancouver.org](http://www.aidsvancouver.org).*

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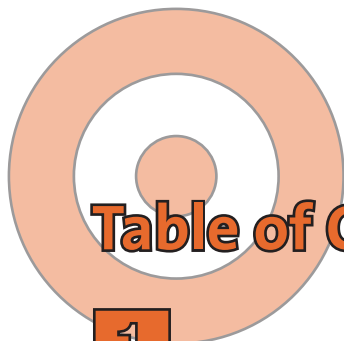
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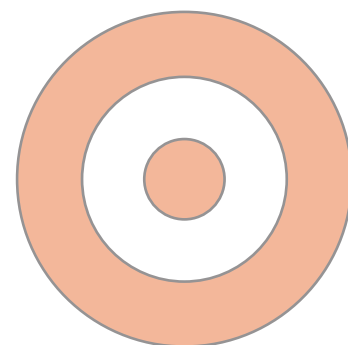
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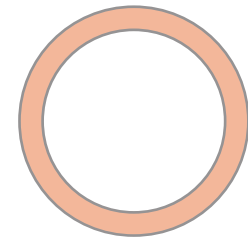
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## ABOUT THE AUTHORS

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**Phillip Banks** (phillipgbanks@gmail.com) was a founder and the first Executive Director of the Health Initiative for Men ([www.checkhimout.ca](http://www.checkhimout.ca)), a gay men's health and well-being promotion organization in Vancouver, BC. He has worked in a variety of roles involving gay men and health communication since 1995. Between 2003 and 2005 while working at AIDS Vancouver, he managed two pan-Canadian, Public Health Agency of Canada funded, social marketing initiatives to re-invigorate gay men's HIV prevention.



## INTRODUCTION

If you have picked up this guide you are probably planning, or thinking about planning, some kind of communication initiative to promote gay men's health. This is important and exciting work but it can sometimes seem daunting if you don't feel you have the experience to do it. If you are new to planning health communication initiatives you will find this guide useful. Indeed, the purpose of this step-by-step guide is to provide a practical tool to community-based organizations that plan health communication campaigns for gay men while addressing some common opportunities and challenges that may arise in the process.

The opportunities often come from the fact that you probably have a lot of experience and skill working with gay men. In addition, your organization most probably has access to and credibility with gay men. However, many organizations that undertake health communication campaigns for gay men face challenges including those related to funding, experience and objections that can arise with sensitive subject matters. Drawing your attention to these can help you to leverage the opportunities and navigate the challenges as you plan and implement your campaign.

While health communication with gay men is a relatively new field, there are many important successes to draw from and still more accomplishments to look forward to. It will come as no surprise that much of the history of health messaging to gay men has been focused on sexually transmitted infections with a significant proportion devoted to HIV prevention. Many community-based and public health organizations have implemented health communication initiatives aimed at gay men, often with the following objectives:

- Increasing knowledge and awareness of an issue (e.g., treating sexually transmitted infections (STIs) can reduce one's risk of contracting or transmitting HIV).
- Changing specific attitudes and norms (e.g., getting tested regularly is good practice for sexually active men).
- Changing a practice or behaviour in order to increase or safeguard health (e.g., using condoms when engaging in anal sex with men whose HIV status one does not know).

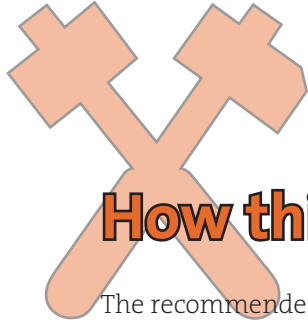
We hope that the recommendations and examples in this guide will make your work easier, enjoyable and effective, as well as provide you with rich opportunities to learn about and engage with the individuals and communities you are working with.

## HEALTH COMMUNICATION

Health communication is defined as the study and use of methods to inform and influence individual and community decisions that enhance health (Freimuth and Quinn, 2004). Properly designed, health communication activities can increase the intended audiences' knowledge, influence their perceptions, beliefs and attitudes, change norms, prompt action, demonstrate skills, reinforce a behaviour, advocate a position, and increase demand for services. "However, health communication alone, without environmental supports, is not effective at sustaining behaviour changes at the individual level. It may not be effective in communicating very complex messages, and it cannot compensate for lack of access to health care or healthy environments." (Freimuth & Quinn, 2004)\*

For community organizations, this means ensuring that health communication initiatives are integrated into a broader vision and plan of the organization or community, including other programming and services, rather than being designed as a parallel or isolated endeavour. For instance, a communication campaign that attempts to influence men to use condoms may be ineffective if those same men do not have access to condoms. A communication campaign will be more effective if efforts are made to ensure condoms are available should men be influenced by the campaign to use them. Most public health successes and effective interventions, including HIV prevention, are the result of comprehensive and integrated strategies, in which health communication activities are a part (see Holtgrave & Curran, 2006).





## How this guide is set up...

The recommended planning process in this guide consists of the following steps:

1. Form a planning team and set budgeting rules.
2. Determine the unique focus and audience of the campaign.
3. Analyze the audience and set objectives.
4. Identify opportunities and challenges.
5. Select channels and partners.
6. Develop and pre-test messages.
7. Plan for monitoring and evaluation.
8. Establish a timetable.
9. Establish a budget.

Each step contains the following sections:

- Key questions to be addressed
- Recommendations based on best practices and research highlights.
- Examples from actual campaigns.
- Recommended readings for individuals who would like additional information.

Challenges addressed are as follows:

- This entire guide has been developed in light of the fact that most organizations have limited and sporadic financial resources for health communication.
- The step on audience analysis (Step #3) specifically addresses the challenge of defining the gay men's community.
- The step on opportunities and challenges (Step #4) will help planners prevent or deal with objections and unintended negative consequences.

To find out about other campaign examples, or campaigns launched after the publication of this guide, readers should consider conducting a search on the internet, namely on [www.youtube.com](http://www.youtube.com), by using some of the following key words: gay, men, health, HIV, prevention, campaign. A template is provided at the end of the guide to help readers assemble and summarize their campaign plan (see "Piecing it all together").

## RECOMMENDED READINGS

- Bertrand, J.T. (2004). Diffusion of innovations and HIV/AIDS. *Journal of Health Communication*, 9, 113-121.
- Davis, J. (2006). Evolution of an epidemic: 25 years of HIV/AIDS media campaigns in the U.S. Menlo Park, CA: Henry J. Kaiser Family Foundation. Retrieved May 30, 2006 from <http://www.kff.org/entpartnerships/upload/7515.pdf>.
- Freimuth, V.S., & Quinn, S.C. (2004). The contributions of health communication to eliminating health disparities. *American Journal of Public Health*, 94(12), 2053-2055.
- Grier, S., & Bryant, C.A. (2005). Social marketing in public health. *Annual Review of Public Health*, 26, 319-339.
- Holtgrave, D.R., & Curran, J.W. (2006). What works, and what remains to be done, in HIV prevention in the United States. *Annual Review of Public Health*, 27, 261-275.
- Hornik, R. (2002). Public health communication: Making sense of contradictory evidence. In R. Hornik (Ed.) *Public health communication – Evidence for behavior change* (pp. 1-19).
- Kotler, P., & Lee, N. (2007). *Marketing in the public sector*. Upper Saddle River, NJ: Wharton School Publishing.
- Maibach, E.W. (2002). Explicating social marketing: What is it, and what isn't it? *Social Marketing Quarterly*, 8(4), 6-13.
- Tuten, T.L. (2006). Exploring the importance of gay-friendliness and its socialization influences. *Journal of Marketing Communications*, 12(2), 79-94.
- Walters, A.S., & Moore, L.S. (2002). Attention all shoppers, queer customers in aisle two: Investigating lesbian and gay discrimination in the marketplace. *Consumption, Markets and Culture*, 5(4), 285-303.

# 1 Form a planning team and set budgeting rules.

## IN SHORT

- Form a knowledgeable and influential planning team.
- Have a sense of what the budget could be to remain realistic.
- Establish an efficient schedule for the planning process.

## KEY QUESTIONS

- Who will be involved in the planning and budgeting process of the health communication campaign to optimize the organization's knowledge, resources, partners and decision-making process? Are there staff or volunteers in your organization that could be recruited for your team? What about from outside your organization?
- How will you ensure that your planning process will include the input of representatives of the intended audience, as well as key partners & informants? If your campaign will target young gay men, can you recruit a young gay man for your team to provide some insight into his experience?
- Are you working with a predetermined budget or will you establish the budget after you have identified what is needed to achieve specific objectives?
- If health communication activities are likely to involve promoting products and/or services, will your or other organizations be able to respond to the increased demand? This is an operational and ethical question.

## RECOMMENDATIONS

- Given the size of your organization, your planning team may be composed of one person: you! However, it is wise to consider at least a small advisory group to provide input and feedback on your campaign strategy.
- Your need for planning may be sudden because of budgetary opportunities or an offer arising from an organization or a business in your community ready to "help" (e.g., in-kind communications services). Pulling together a small team to quickly strategize and think beyond the immediate opportunity would be helpful and facilitate optimal leverage.
- Your planning team should be composed of four to eight individuals – staff, volunteers, community partners, or community members.
- Team members should jointly bring a solid understanding of:
  - Where health communications activities fit into your organization's mission, vision and

plans, and the ability of your organization or others to respond to increased demand for services, if applicable.

- Organizational policies and practices.
  - Previous health communications activities.
  - Key audiences that are likely to be targeted, including various linguistic and ethno-cultural segments, as well as market research your organization or others have conducted.
  - The scientific literature on the health issue to be addressed.
  - Possible reactions to the campaign from individuals and the media outside the gay community.
  - Financial commitments and ability of the organization to access funding.
  - Basic communication and evaluation principles and best practices.
- If you are not assured of the involvement of key decision-makers on your team (e.g., executive director, board member, senior official), brief them throughout the process to:
    - Confirm the overall objectives and process.
    - Share what you know and learn about the audience and confirm campaign direction.
    - Present and adopt the plan, then confirm or seek funds.
  - In an ideal budget-setting scenario, the budget would be established only after all steps are completed. However, it is useful to know:
    - Whether management or the board have a predetermined idea of financial and human resources as well as in-kind services to be allocated to health communications.
    - What similar organizations are doing in this area.
    - Your organization's track record in securing funds and/or services from other sources. This will keep you realistic.
  - Establish a schedule for the planning team. At least two to three meetings over a two-to-six month period will be needed to gather information, test messages and seek approvals.
  - It's good to have terms of reference so everyone knows his or her role, time commitment, and how decisions are made.

#### **EXAMPLE**

The following is an example of a planning team assembled by an HIV prevention organization for a local young gay men's HIV/STI testing campaign:

- HIV prevention education/outreach staff.
- One to two young gay men from the intended audience.
- An HIV testing nurse or physician with experience working with gay men.

- An individual with communications/advertising/marketing experience.
- An individual with experience in evaluation (grad student, researcher, evaluation consultant).
- Program manager.

There are many different configurations possible for a planning team. You don't want it to be too large but you do want to cover off certain skill sets and experience levels. When planning health communication for gay men it's highly recommended that you include men who can reflect experience with the health issue to be addressed on your planning team in order to prevent or reduce the likelihood of developing messages that may inadvertently stigmatize some gay men (eg. people living with HIV, men with mental health issues etc.).

#### **RECOMMENDED READINGS**

Andreasen, A.R., & Kotler, P. (2003). *Strategic marketing for nonprofit organizations* (6th ed.). Upper Saddle River, NJ: Prentice Hall. (See Chapter 3 – Strategic marketing planning, pp. 63-89).

Bryson, J.M. (1988). *Strategic planning for public and nonprofit organizations*. San Francisco, CA: Jossey Bass. (See Chapter 4 – Initiating a strategic planning process, pp. 73-92).

Guttman, N. (2000). *Public health communication interventions – Values and ethical dilemmas*. Thousand Oaks, CA: Sage.

Lagarde, F. (2004). The challenge of bilingualism – ParticipACTION campaigns succeeded in two languages. *Canadian Journal of Public Health*, 95(Suppl. 2), S30-S32.

The Health Communication Unit (1999). *Overview of health communication campaigns*. (See pp 11-14). [http://www.thcu.ca/infoandresources/publications/OHC\\_Master\\_Workbook\\_v3.1.format.July.30.03\\_content.apr30.99.pdf](http://www.thcu.ca/infoandresources/publications/OHC_Master_Workbook_v3.1.format.July.30.03_content.apr30.99.pdf).



## **2 Determine the unique focus and audience of the campaign.**

### **IN SHORT**

- Be clear on the nature and scope of the health issue that you are addressing.
- Identify specific factors that your campaign will focus on.
- Determine the key audience(s).
- Clearly articulate communication objectives for the campaign.

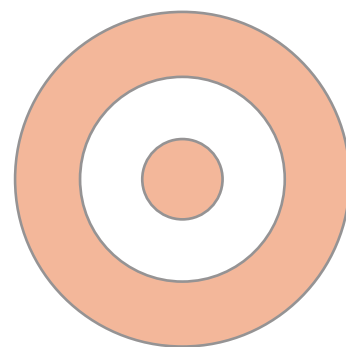
### **KEY QUESTIONS**

- What is the nature and scope of the gay men's health issue (describe & quantify)?
- Which factors explaining the issue do you want to focus on?
- Who specifically do you want to reach (key audience)?
- What do you want them to know, think and/or do?

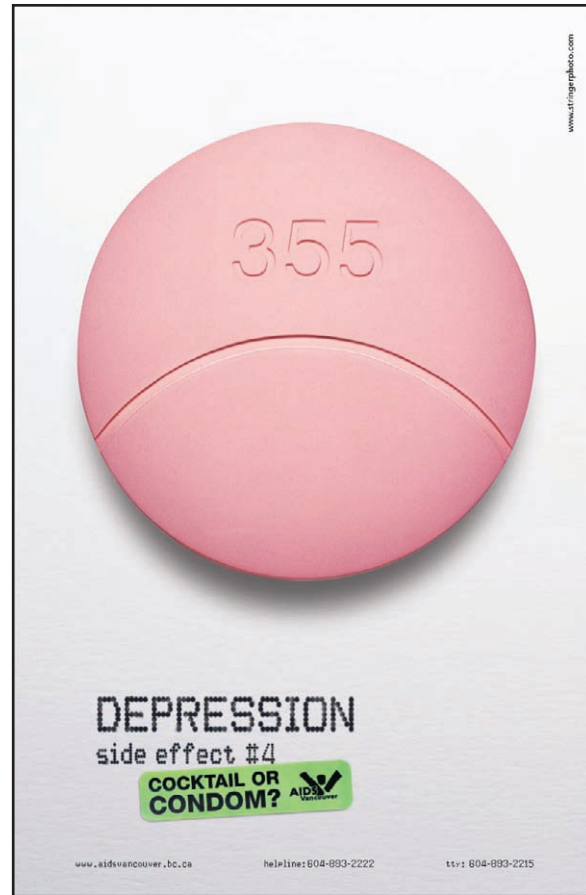
### **RECOMMENDATIONS**

- Novices in health communication often make the assumption that talking about a problem to the largest number of people will get people to act. Experienced health communication experts tend to focus on solutions to critical factors of an issue that require concrete action by a specific group of individuals. They also understand that knowledge alone is rarely enough. People's attitudes, perceptions of norms, motivations and ability to undertake the desired behaviour are key to initiating observable change. Health communication campaigns therefore need to consider more than just the "knowledge" gap.
- Review the literature on the subject. (See Holtgrave and Curran, 2006).
- Clarify if you are seeking one or many of the following changes among audience members and be prepared to demonstrate how that is supposed to make a difference on key factors related to the issue:
  - Changes in knowledge.
  - Changes in attitudes or perceptions (e.g., perception of risk associated with a given behaviour, perception of norms - perceived behaviours by others in a given population segment with which the audience associates, attitudes toward a specific behaviour, reduction of stereotypes, etc.).
  - Intentions and actual use of services (counselling and testing, for example).

- Initial steps or actual adoption and maintenance of a given behaviour (condom use or smoking cessation, for example).
- Specify if you are aiming to achieve these changes among all gay men in a geographical area or among a more specific segment. You should be prepared to explain the key characteristics of particular segments and the basis of the segmentation.

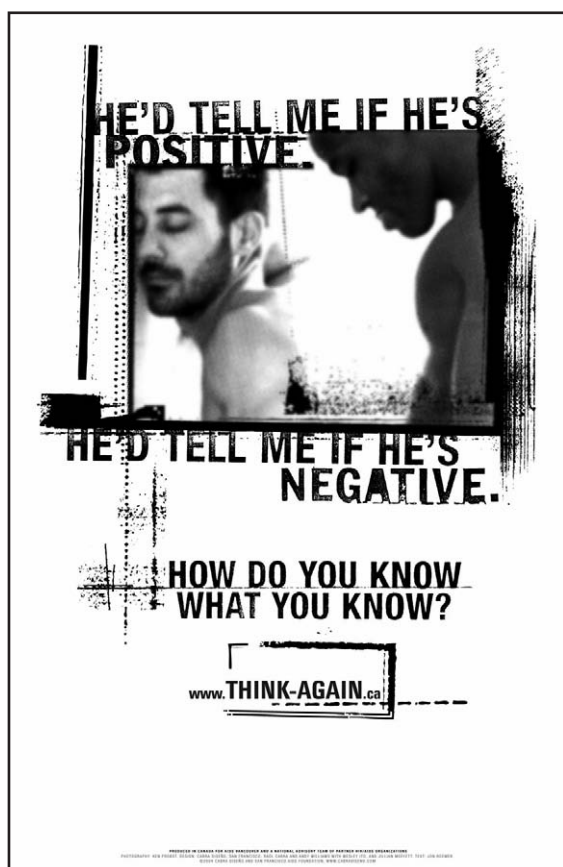


**EXAMPLE: AROUSE**  
AIDS Vancouver, 2002



What is the nature & scope of the gay men's health issue?	Increasing HIV rates in Vancouver; 32% increase in positive HIV tests in gay men between 1999 and 2000 (from 107 to 141).
Which factors explaining the issue do you want to address?	The perception that the HIV treatment (drug cocktail) eliminates the seriousness and significant health impacts of infection with HIV.
Who do you want to reach (key audience and segments)?	Younger gay men who have grown up without experiencing the impact of HIV/AIDS and who may not view HIV as a real or immediate health risk.
What do you want them to know?	HIV is still a serious health issue despite the advent of the drug cocktail.
Think?	HIV medications (cocktail) are not a "cure".
And/or do?	Use condoms to prevent the transmission of HIV.





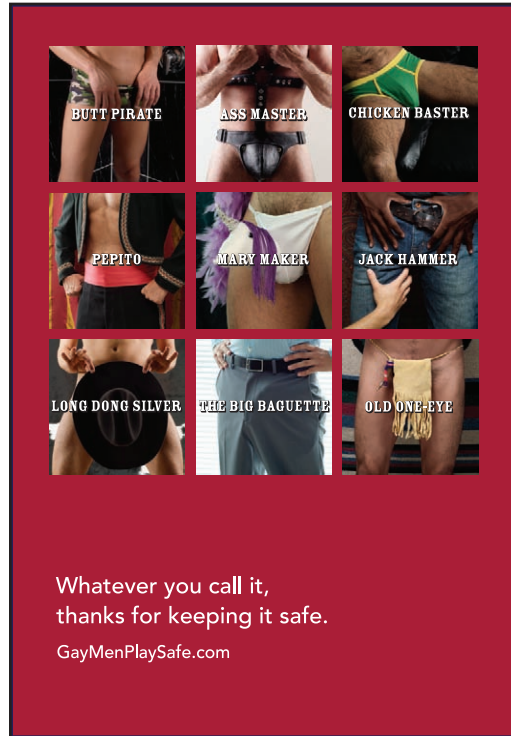
**EXAMPLE: ASSUMPTIONS**

AIDS Vancouver & national partners, 2004

What is the nature & scope of the gay men's health issue?	Between 15% and 25% of sexually active gay men report instances of sexual risk taking with casual partners whose HIV status they do not know for certain.
Which factors explaining the issue do you want to address?	Engaging in unprotected anal intercourse based on incorrect assumptions about a sexual partner's HIV status may create risk of HIV transmission.
Who do you want to reach (key audience and segments)?	Urban gay men (late 20s to early 40s, HIV positive and HIV negative) who have unprotected anal intercourse with partners whose HIV status they do not know for certain.
What do you want them to know?	If you are acting on incorrect assumptions, you may not be as sexually safe as you think you are.
Think?	If you are acting on incorrect assumptions, you may not be as sexually safe as you think you are.
And/or do?	Use condoms when engaging in intercourse with men whose HIV status you do not know.

**EXAMPLE: GAY MEN PLAY SAFE**

AIDS Vancouver & national partners, 2005



What is the nature & scope of the gay men's health issue?	75% to 85% of gay men report consistent effort to maintain sexual safety. However, incremental shifts are occurring that indicate a portion of gay men are susceptible to engaging in activities that may put them at risk for transmitting or contracting sexually transmitted infections, including HIV.
Which factors explaining the issue do you want to address?	Many campaigns focus on what gay men are not doing correctly. Messages that reinforce the maintenance of sexual safety will support and validate efforts to maintain and ideally enhance sexual safety.
Who do you want to reach (key audience and segments)?	Diverse, urban gay men who are consistent in their efforts to maintain sexual safety.
What do you want them to know?	Gay men are taking responsibility for their sexual safety and that of their partners.
Think?	Gay men are not apathetic or suffering from condom fatigue and most are sexually safe in order to reduce the risk of sexually transmitted infections including HIV.
And/or do?	Continue maintaining sexual safety in order to reduce the risk of sexually transmitted infections including HIV.

### RECOMMENDED READINGS

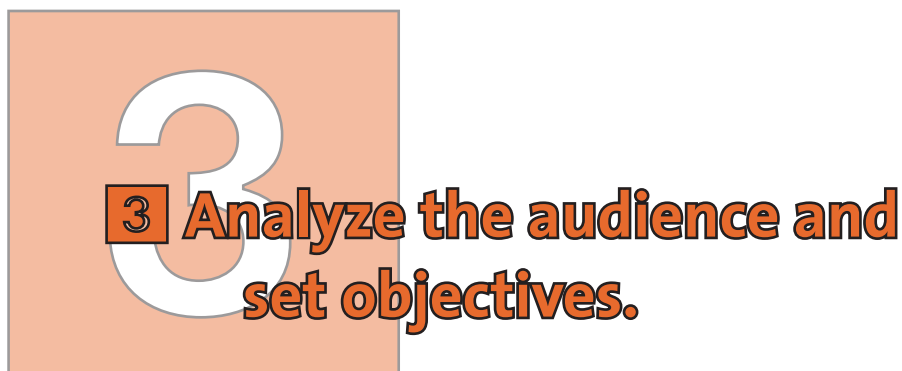
Doner, L. (2003). Approaches to evaluating social marketing programs. *Social Marketing Quarterly*, 9(3), 18-26.

Holtgrave, D.R., & Curran, J.W. (2006). What works, and what remains to be done, in HIV prevention in the United States. *Annual Review of Public Health*, 27, 261-275.

Kotler, P., Roberto, N., & Lee, N. (2002). *Social marketing – Improving the quality of life* (2nd ed.). Thousand Oaks, CA: Sage Publications. (See pp. 11-14).

Lagarde, F. (2006). How to sum up your social marketing strategy. *Social Marketing Quarterly*, 12(4), 65-69.

Lagarde, F. (2004). Worksheets to introduce some basic concepts of social marketing practices. *Social Marketing Quarterly*, 10(1), 36-41.



## 3 Analyze the audience and set objectives.

### IN SHORT

- Identify as many aspects of the demographic, behavioural and lifestyle profile of your audience as possible, which will be helpful in all aspects of planning.
- Identify current knowledge, perceptions, attitudes, motivations, as well as barriers to the adoption of behaviours.
- Identify the most influential and supportive individuals and groups. This will help develop testimonials, select messengers and partnerships.
- Identify your best channels (media, events, settings and other ways) to reach the audience.
- Optimize what you know and consider low-cost research to establish base line data and gather insight on the audience.
- Not all gay men will respond similarly to a given campaign and organization. Further segmentation based on receptiveness to a gay specific message and/or organization would be important factors to consider.
- Set realistic objectives based on your audience analysis. While a 50% campaign recall by members of the audience should be sought, a five percent behavioural adoption increase within a year would be quite an accomplishment.

### KEY QUESTIONS

- What is the priority audience's demographic profile?
- What are current knowledge levels, attitudes, perceptions and behaviours?
- Why would they adopt the desired behaviour (benefits)?
- Why not (barriers)?
- Who has an influence on them (influencers)?
- How and where can you reach them (settings, events, medias)?
- Can you identify sub-segments potentially more receptive than others to gay specific messages and/or your organization?
- What is the most salient insight about the audience that should have a major impact on the campaign orientation?
- How can you find out about these characteristics with your limited research budget?
- Based on your audience analysis, what are your specific, measurable, achievable, realistic, and timely (SMART) objectives?

### RECOMMENDATIONS

- Gather the following basic demographic data on your audience – if not completed in the previous step:
  - Number – how many individuals are you trying to reach?
  - Age.
  - Level of education.
  - Relationship/family status.
  - Income.
  - Occupation.
  - Urban or rural population.
  - Languages.
  - Other culture or community affiliation related to your issue.
- Identify current knowledge, perceptions, attitudes, norms, motivations, as well as barriers to the adoption of behaviours. These can be related to sex and sexual health and/or other health related issues (eg. smoking).
- Positive interpersonal influence and social norms are very important in convincing people to adopt a given behaviour. Finding specific individuals, such as opinion leaders, formal and informal, is useful. Whether or not your budgets allow you to consider advertising, these networks of influential people will be your most important channels. Later on, you may consider asking key influencers to help communicate testimonials or act as messengers.

- Channels and settings: Find out about your audience's media habits and participation in events, as well as their membership in groups and places where they can be reached. Proactive outreach efforts to reach gay audiences in various settings, including commercial ones (such as bars) have proven effective in achieving prevention goals (Bonell et al., 2006). The internet is an important setting for engaging and interacting with gay men. Communication for gay men should consider the benefits and challenges associated with using the internet, especially with respect to younger gay men and specific micro communities.
- Research: When organizations have small budgets, one can assume the research budget is close to nothing. So, it is a good idea to determine what your planning team members know and obtain data from free sources of information: Web search, publicly available surveys, your own database, talking with experts and leaders in a given community and/or media habits information available in media industry sources. If you need to undertake further research, consider the following:
  - To save time and money, determine the exact information you need and the type of decision you will make once the results are available. This will keep your research agenda focused.
  - If you need answers to "how many?" and "how much?" questions, consider quantitative surveys. They often require research professionals to ensure the validity and reliability of results. These types of surveys have the added value of providing you with baseline data to better evaluate your program.
  - If you need answers to "why?" questions, consider qualitative methods, such as focus groups and personal interviews. Asking an outside moderator to conduct focus groups and interviews ensures that the process is more objective.
  - Most market research activities take at least 6 to 8 weeks between the brief to the researchers up to the submission of a report. Plan your schedule accordingly.
- Internalized homophobia is a major segmentation and outreach capacity issue: Huebner and his colleagues (2002) explored the impact of internalized homophobia on efforts to prevent HIV-related sexual risk behavior in gay and bisexual men. Internalized homophobia is defined as the internalization of society's antihomosexual sentiments by gay, lesbian, and bisexual people, a process which begins before individuals recognize their same-sex attractions. Internalized homophobia is manifested by the attitudes toward and interactions with the gay community. Individuals with highly internalized homophobia will be more likely to have negative attitudes about other gay people and will be more conflicted about their interactions with gay individuals and organizations. Internalized homophobia tends to be lower with individuals who have disclosed their sexual orientations and come into more frequent social contact with other gay, lesbian, and bisexual people, leading to a greater acceptance of their sexual identities. Findings suggest that gay and bisexual men with highly internalized homophobia have an elevated risk of contracting HIV and also may be less likely to know about and benefit from participation in community-based HIV prevention efforts. They even suggest that gay men with highly internalized homophobia may be turned off by gay messages. From these findings, one can assume that gay organizations will have greater impact on gay men who have low levels of internalized homophobia. Partnerships and appropriate messaging will be required if a gay organization wants to claim to reach all gay men (as unrealistic as this is).

- A challenge that many gay organizations face is trying to define the gay “community”. Dowsett and his colleagues (2001) describe the complexity of the gay community in the following terms: “The social relations and cultural formations within which these (gay) men pursue and understand their sexual practices and relations are multiform and various. Their relations to stable constructs of gay community and recognizable forms of collective practice are always complex, often ambivalent and never predictable. Moreover, the social patterning of their lives often embraces other forms of sociality alongside gay community including: families and neighbourhood networks; communities related to class, location, race or ethnicity; homosexual subcultures existing outside the gay community; particular forms of social differentiation such as age and generation, lifestyle and career; and, increasingly, a global identification as ‘gay men’”. A single organization is therefore unlikely to be able to reach all gay men in a territory. As part of the audience analysis, it is therefore recommended that you assess the profile of those actually reached by your organization. In other words, which gay men are part of your social system? (See Bertrand, 2004). You could also consider how gay men who may be more distanced from gay community organizations could best be reached.
- Use the following table to summarize the audience profile. If you can, distinguish those who have adopted the desired behaviour (if applicable) from those who have not. It will help to go beyond the “already converted” individuals.

	Those who've adopted the behaviour	Those who have not
Demographic data		
Knowledge levels		
Attitudes		
Perceptions (of risk, norms, etc.)		
Benefits		
Barriers		
Key influencers		
Media habits		
Participation in events		
Membership in groups		
Places where they can be reached		

Internalized homophobia, relationship to the gay community and your organization		
Other		

- Identify the most salient insights from the audience analysis that you feel should have the greatest impact on the campaign's orientation.
- Objectives: Based on all previous steps and the analysis, determine what you would consider the most appropriate and satisfactory objectives for your campaign.
- The following communication objectives could possibly be applied to your campaign (most are from Andreasen & Kotler, 2003):
  - Making primary audience aware of a product, service, or social behaviour.
  - Educating audience about the offer or changes in the offer.
  - Changing beliefs about the negative and positive consequences of taking a particular action.
  - Changing the relative importance of particular consequences.
  - Communicating wide social support for an action.
  - Teaching skills needed to carry out the behaviour.
  - Changing perceptions about the sponsoring organization.
  - Preventing discontinuation of behaviours.
  - Encouraging the audience to take initial steps toward the behaviour.
- As difficult as it is to quantify the number of gay men in any particular community, where possible, use numbers, not just percentages, when setting your objectives. Numbers are much more concrete for funders and partners.
- Set a date for achieving each objective. Remember to be realistic and recognize that behaviour change is unlikely to occur as a result of communication activities alone.
  - A review of HIV/AIDS communication campaigns showed that of the articles that measured campaign exposure, two-thirds (68%) reported that 50% or more of the target audience were exposed to the campaign.
  - However, a review of U.S. health campaign effects on behaviour showed that the mean change in the percentage of population performing desired behaviour was five per cent for non-enforcement adoption campaigns (such as sexual behaviour) of one year or less (Snyder et al., 2004). This percentage may vary according to the baseline behaviour rate. Although five per cent may appear to be a modest amount, small percentage changes may affect very large numbers of people in a local, provincial/territorial, or national campaign. Moreover, some health communication campaigns that are focused on individual behaviour change have a ripple effect by creating a climate conducive to broader policy changes (see Hornik, 2002).

### RECOMMENDED READINGS

- Andreasen, A.R. (2002). *Marketing research that won't break the bank*. San Francisco, CA: Jossey Bass.
- Andreasen, A.R., & Kotler, P. (2003). *Strategic marketing for nonprofit organizations* (6th ed.). Upper Saddle River, NJ: Prentice Hall. (See pp. 413-414).
- Bertrand, J.T. (2004). Diffusion of innovations and HIV/AIDS. *Journal of Health Communication*, 9, 113-121.
- Bonell, C. et al. (2006). HIV prevention outreach in commercial gay venues in large cities: evaluation findings from London. *Health Education Research*, 21(4), 452-464.
- Dowsett, G.W. et al. (2001). HIV/AIDS and constructs of gay community: Researching educational practice within community-based health promotion for gay men. *International Journal of Social Research Methodology*, 4(3), 205-223.
- Hornik, R. (2002). Public health communication: Making sense of contradictory evidence. In R. Hornik (Ed.), *Public health communication – Evidence for behavior change* (pp. 1-19). Mahwah, NJ: Lawrence Erlbaum Associates.
- Huebner, D.M. et al. (2002). The impact of internalized homophobia on HIV preventive interventions. *American Journal of Community Psychology*, 30(3), 327-348.
- Lagarde, F. (2004). Worksheets to introduce some basic concepts of social marketing practices. *Social Marketing Quarterly*, 10(1), 36-41.
- Myhre, S.L., & Flora, J.A. (2000). HIV/AIDS communication campaigns: Progress and prospects. *Journal of Health Communication*, 5(Supplement), 29-45.
- Siegel, M., & Doner, L. (1998). *Marketing public health: Strategies to promote social change*. Gaithersburg, MD: Aspen Publishing. (See Chapter 11 – Formative research, pp. 262-295).
- Snyder, L.B. et al. (2004). A meta-analysis of the effect of mediated health communication campaigns on behavior change in the United States. *Journal of Health Communication*, 9, 71-96.





## 4 Identify opportunities and challenges.

### IN SHORT

- Identify promotional and partnership opportunities that you should use.
- Identify your competition and other challenges to be considered in developing your strategy.
- You may find objections to your campaign, particularly if you use a “sex-positive” or sexually graphic approach.
- You should consider targeted channels in order to avoid undesirable opposition or backlash.
- You may want to involve partner organizations and key community informants in your planning process to take their concerns and suggestions into account.

### KEY QUESTIONS

- What promotional and partnership opportunities could you use? Can you link into an event or activity someone else is putting on (bar, club, website, community group)?
- With what and/or whom are you competing for your audience’s attention – within your field or with those opposed to your organization or initiative?
- Are there legal, political, social, economic, technological, ethical or any other considerations and events that present an opportunity or challenge for your health communication campaign?
- Are you aware of potential objections from colleagues, funders, partners, gay men themselves, the public and the media about your campaign?
- Will you contemplate an approach to your campaign that uses sexually explicit language and/or images? Will media outlets carry your ads? How will your organization deal with any complaints?
- Do you expect that individuals other than gay men will be exposed to your campaign? What are their reactions likely to be? Could this lead to expressions of homophobic views in the broader community?
- Can you design your strategy (e.g., targeted channels) to reduce the risk of undesirable consequences?
- Can you involve key stakeholders and informants in the planning process to educate them on your goals, identify objections and ways of addressing them?

### RECOMMENDATIONS

- Raise the questions above with members of your planning team.
- Discuss how the answers can be applied when you begin developing messages, selecting messengers, channels and partners, as well as timing implications.

- What works for some gay men will not work for others. What one community deems acceptable another might deem inappropriate.
- Anecdotal evidence suggests that most objections to gay male-specific campaigns seen by the general public are that they “promote the gay lifestyle” and offend the general public by exposing children to “offensive” sexual imagery. There are pros and cons to stimulating this kind of response. In some situations it can generate very positive public discussion of the issues and draw out allies and supporters. In other situations, it can generate negative attention that distracts from the objectives of the campaign.
- If you intend to use sex-positive messages and/or sexually explicit imagery and language, consider using highly gay-targeted channels to avoid controversy that you would consider undesirable. In addition, ensure that the imagery and language used will not turn off gay men who have higher internalized homophobia, if they are a part of your audience (see Step #3 for a description of internalized homophobia). On the other hand, you may not want to shy away from sexually explicit language and imagery if it is suitable for the campaign’s issue and audience. Do not make assumptions about your audience’s attitudes, or the attitudes and practices of advertisers, businesses, and community partners you want to work with.
- Consult key community informants and include some of them on the planning team. AIDS Vancouver has a publication that recommends how to engage stakeholders in the change process (see Barker, 2000, pp. 38-43). Kelly et al. (2003) also describe an approach to assess community readiness using semi-structured interviews with a few key informants.

### EXAMPLES

**Opportunities:** Twenty years into the epidemic, the Assumptions campaign was the first pan-Canadian HIV prevention campaign targeting gay men. This was hard for many to believe given so much media attention over the years that focused on the impact of HIV on the gay community in Canada. This created opportunities within the media plan to promote the story of the campaign as a first. There was also an unexpected rejection of the campaign’s billboard ad by a prominent outdoor advertising company which generated quite a bit of earned media. This both increased the exposure of the campaign and tilted the media interest towards this story.

**Challenges:** The Assumptions campaign used sexual imagery and that had an impact on where the campaign could be placed. Evaluation data indicated that the campaign imagery captured the attention of gay men. However, it was recognized that it would be a major challenge to secure wide exposure through advertising, especially outdoor, public advertising, if the imagery of the subsequent campaigns was as sexual as in the Assumptions campaign. The challenge of Gay Men Play Safe was to create a visually engaging, sex positive campaign while not reducing opportunities to get the campaign message to gay men outside of gay-specific, adult venues.

### RECOMMENDED READINGS

Andreasen, A.R., & Kotler, P. (2003). *Strategic marketing for nonprofit organizations* (6th ed.). Upper Saddle River, NJ: Prentice Hall. (See Chapter 3 – Strategic marketing planning, pp. 63-89).

Barker, A. (2000). *Building gay men's health: A peer-based approach to creating community change*. Vancouver, BC: AIDS Vancouver.

Kelly, K. et al. (2003). The community readiness model: A complementary approach to social marketing. *Marketing Theory*, 3(4), 411-425.

Kotler, P., Roberto, N., & Lee, N. (2002). *Social marketing – Improving the quality of life* (2nd ed.). Thousand Oaks, CA: Sage Publications. (See Chapter 5 – Mapping the internal and external environments, pp. 91-108).

Lagarde, F. (2006). Le marketing social. In G. Carroll, G. (Ed.), *Pratiques en santé communautaire* (pp. 99-112). Montreal, QC: Chenelière Éducation.

Law, R. (2003). Communities, citizens, and the perceived importance of AIDS-related services in West Hollywood, California. *Health and Place*, 9, 7-22.

Masser, B., & Phillips, L. (2003). "What do other people think?" - The role of prejudice and social norms in the expression of opinions against gay men. *Australian Journal of Psychology*, 55(3), 184-190.

Palmer, N.B. (2004). "Let's talk about sex, baby": Community-based HIV prevention work and the problem of sex. *Archives of Sexual Behavior*, 33(3), 271-275.



### IN SHORT

- Select various interpersonal and media channels, as well as any appropriate events based on your audience analysis, contextual considerations (opportunities and challenges) and budgets.
- Ensure that you have optimal frequency and timely exposure in each channel.
- Establish partnerships with organizations and people that will provide credibility for your messages and access to the gay men you want to reach.

### KEY QUESTIONS

- Based on your audience analysis (Step #3), which networks or groups of key influencers, settings, events and media will enable you to reach your audience?
- Are your audience and budget large enough to justify the use of mass media like TV, radio, billboards, bus shelters, magazine or newspaper ads?
- Do you have established contacts and access to some of these channels, groups and events that would make them more realistic options given your budget? Can you get non-profit discounts?
- How can you enhance current partnerships? Which new partners should you consider in order to leverage their influence and credibility, while gaining access to the gay men you want to reach?

### RECOMMENDATIONS

Many communication planners select channels after they develop messages. It is, however, useful to have a list of the mix of channels being considered as messages are developed. In any event, planning is never a linear exercise. You can always revise your initial list of channels after you have developed your messages.

- Select channels that are relatively easy for you to access and choose the most efficient ones (i.e., the best channels for reaching the majority of your priority audience, without unnecessarily reaching a larger number of individuals who are not members of the intended audience).
- If you are a community-based organization, consider existing interpersonal channels and events before contemplating (expensive) mass media. Interpersonal or personalized channels are probably your strongest and most cost-effective starting points. Gay community leaders such as business owners/managers, entertainers, title holders like Mr. Leather, Empresses, Mr Gay (Your Town), & DJs should be considered if they have influence in the group of gay men you are intending to reach.
- For events, be sure that they will effectively reach the intended audience. It may be more cost-effective to work within an existing event that is already successful at attracting your audience, rather than organizing your own event.
- Consider the mass media if you are trying to reach a large number of people and if it is more cost-effective than trying to reach them one by one as long as there is demonstrated reach to your audience.
- Consider gay media. Know the media's target demographic to ensure the gay men you want to reach use this media. Many gay media run periodic surveys of their target for advertisers. This can be useful in assessing which is more relevant to your audience. You may have to consider other additional media outlets if you are aiming to reach gay men who do not associate with the "gay community".
- Based on your answers to the key questions above, select a combination of channels among those listed below (adapted from The Health Communication Unit – University of Toronto and from a review of Canadian HIV/AIDS campaigns by Lagarde, 2003). Also specify when and how often you will use them:
  - Interpersonal communication in various settings (e.g., workplace, bars, etc.)

- Workshops and trainings.
- Public forums and presentations (be sure that they are presented in settings identified in your audience analysis).
- Social/recreational groups.
- Community centres and drop in spaces.
- School lessons/curriculum.
- Peer interaction/discussion.
- Family interaction/discussion.
- Interaction/discussion with opinion leaders.
- Coaching/interaction with health care providers.
- Coaching/interaction with teachers.
- Events
  - Gatherings and meetings.
  - Pride Parade, party, bar and bath outreach nights.
  - Conferences.
  - Contests.
  - Fairs.
  - Fund-raisers.
  - Rallies.
  - Games.
  - Awards ceremonies.
- Media
  - Online: chat rooms, facebook, twitter, YouTube, e-mail (tailored or generic), blogs, listservs, advertisements, CD-ROMs, viral distribution, etc.
  - Direct mail: Brochures, generic letters, tailored letters, trial offers, kits, etc.
  - Displays
  - Magazines: Articles, ads.
  - Newspapers: Editorials, news coverage, supplements, paid ads, unpaid/PSAs, etc.
  - Other print media: Brochures, booklets, flyers, newsletters,
  - Comics/stories, newsletter articles, newsletter ads, other print ads, fact sheets, etc.
  - Outdoor: Billboards, signage, transit shelter ads, bus ads, streetcar ads advertising and gimmicks, guerilla marketing etc.
  - Phone: Direct calling with message, hotline (live), text messages, info-line (taped message), phone sex lines etc.
  - Point of purchase: Brochures/other print materials, demonstrations, displays, posters, videos, audio recordings, health information kiosks, bar cards, etc.
  - Promotional items: T-shirts, condom wrappers, bottle holders, key chains, fridge magnets,

hats, matches, buttons, bags, pens, pencils, stress balls, pins, bookmarks, temporary tattoos, coasters, dog tags, stickers, etc.

- Radio: Community announcements, paid ads, unpaid PSAs, phone-in shows, news coverage, guest speakers, editorials/commentaries, etc.
  - Television: Community channel text ads/messages, documentary/extended educational piece, edutainment, news coverage, paid ads, unpaid PSAs, etc.
- If you are considering using the media as a channel, you need to determine which approaches you will take:
    - Generating publicity is probably the more realistic approach to gaining visibility in the media if you have a small budget.
      - Wallack et al. (1993) identified the following possible elements of newsworthy stories: Breakthrough, controversy, injustice, irony, local story, personal angle, celebrity, milestone, anniversary, seasonal. Frame your story accordingly.
      - Obtaining coverage comes from personal media contacts, pitching stories, preparing for interviews & selecting spokespeople and possibly celebrities, organizing good news conferences & briefings (for more information, see Bonk, Griggs and Tynes, 1999).
    - Paid or unpaid (public service) advertising can be a powerful means of communication but an expensive one too, which can make it difficult to ensure ongoing exposure. If you rely on the goodwill of the media, try to confirm placement before spending a lot of money on production. You may want to contact a media placement consultant or agency (it could be the same one that will be doing the creative development of messages) to help maximize your resources by selecting the right media with the optimal frequency and duration to reach your audience and achieve your campaign objectives.
  - Web sites and social media such as Facebook are increasingly becoming a systematic component of health communications campaigns. The site should be well promoted in all materials and activities with a name that is easy to remember. Be sure the site is attractive, user-friendly (navigation and fast down-load), interactive, provides reasons for future visits and is consistent with all other campaign materials. Content is key.
  - In developing your channel strategy, be sure to plan for sufficiently frequent exposure in each of the channels. Exposure gained through frequency and multiple channels over time is an important success factor in most health communications campaigns. This is because people vary in their timing and willingness to respond to a message. “The more times it [the message] is made available, the more likely they [audiences] are to hear/see it when they are ready to attend to it” (Hornik, 2002). Successful campaigns are not just a matter of the right messages delivered to the right audiences, but also a result of the right levels of frequency over time.
  - Strive for an integrated and coordinated approach across all communication channels (Kotler & Lee, 2007).

- Select partners based on their credibility and access to the audience. Before asking them to become involved in your activities, analyze them just as you would analyze any other audience. They will expect benefits, may see barriers and are likely to consult other people before agreeing to your proposal. Build your case accordingly and leverage personal contacts.
- Check if your organization has a partnership or sponsorship policy (or if it should) before approaching partners, especially in the private sector. Put partnership agreements in writing.
- Use the following template to summarize your channels and related partnership strategy:

	Approach or materials	Timing	Frequency	Partners
Interpersonal				
Events				
Media				

#### EXAMPLES

- The *Assumptions* campaign was timed to roll out just prior to Queer Pride celebrations around the country. The cities involved prepared parade entries and festival outreach booths themed around the campaign in order to take advantage of the thousands to tens of thousands of gay men that are present at Pride.
- Advertising and promoting the campaign websites on Gay.com, Priape.com, and other popular gay chat and information sites drew a significant amount of attention to the campaign website both during the campaign and when conducting post campaign evaluations online.
- From the evaluation of the Assumptions and the Gay Men Play Safe campaigns we learned that of the channels used to expose the campaign to gay men, mini-billboard urinal advertising in bar, club, and restaurant bathrooms was the most successful.

#### RECOMMENDED READINGS

Bonk, K., Griggs, H., & Tynes, E. (1999). Strategic communications for nonprofits. San Francisco, CA: Jossey Bass. (See Chapters 8 – Earning good media coverage – and 9 – Selecting and training spokespeople, pp.78-121).

Hornik, R.C. (2002). Exposure: Theory and evidence for behavior change. *Social Marketing Quarterly*, 8(3), 30-37.

Keller, S.N. (2004). Talking about STD/HIV prevention: a look at communication online. *AIDS Care*, 16(8), 977-992.

Kotler, P., & Lee, N. (2007). *Marketing in the public sector*. Upper Saddle River, NJ: Wharton School Publishing. (See pp. 149-161).

Lagarde, F. (2003). Review of Canadian HIV/AIDS Campaigns Carried Out Between 2000 and 2002 -Final

Report For Distribution to Governmental and Non-Governmental Organizations. Prepared for Health Canada. Retrieved from <http://pubs.cpha.ca/PDF/P16/21501.pdf>.

National Cancer Institute. Making health communication programs work. Retrieved January 6, 2005 from <http://cancer.gov/pinkbook/page5>. (See table on Communication channels and activities: Pros & cons)

The Health Communication Unit. Select communication channels and vehicles. Retrieved January 4, 2005 from: <http://www.thcu.ca/infoandresources/publications/StepSixSelectChannelsVehiclesForWebOct9-03.pdf>).



## **6 Develop and pre-test messages.**

### **IN SHORT**

- Determine the content and type of appeal for messages.
- Identify messengers and consistent branding elements for the campaign.
- Provide focused briefs to those who will develop messages and materials.
- Pre-test messages and materials.

### **KEY QUESTIONS**

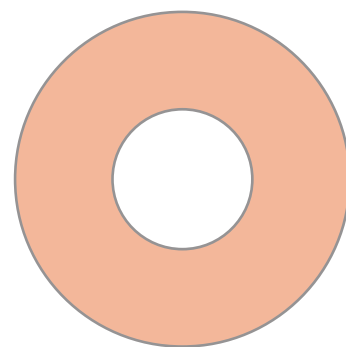
- What will the content of your message be?
- What will be the main appeal (rational or emotional; positive or negative), tone (light or heavy) and call to action (what do you want your audience to do as a result of your campaign) in your message and materials be?
- To which individuals (messengers) and organization(s) will the messages be credited?
- Which wording, graphics and other branding elements will you use throughout the campaign?
- How will you brief your creative team (if applicable) in order to develop the materials?
- How will you know if the messages are effective?



## RECOMMENDATIONS

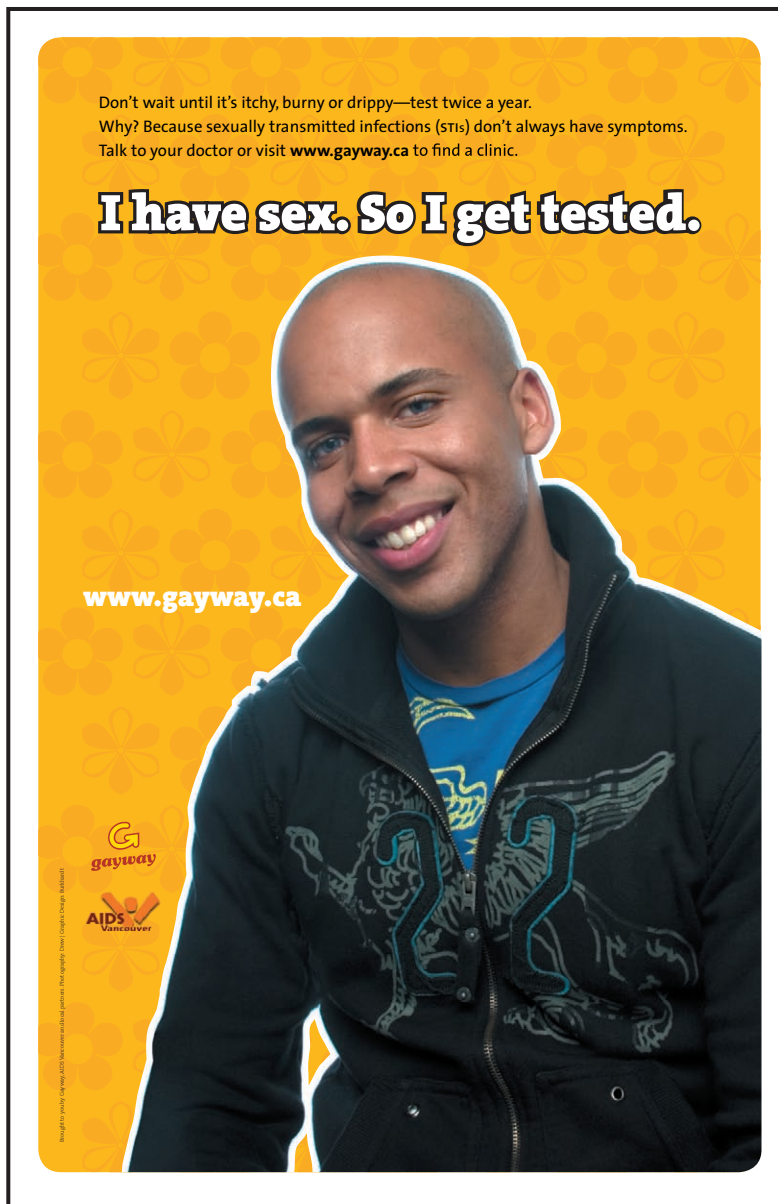
- Risk communication and fear appeals: Because of their knowledge of health risks, many practitioners may be tempted to use dramatic messages to communicate the risks associated with HIV to motivate the audience to take action. Batrouney (2004) argues that “a consistent theme of the published research is that fear appeals only reinforce pre-existing health behaviours if: a) the threat is present; b) there is a perceived susceptibility to the threat; and c) recommendations to avoid the threat are efficacious. However, fear appeals that are designed to change behaviours in ‘unconverted’ populations result in a process of motivated reasoning that discounts the source of the information, message information and message relevance, making them ineffective and potentially dangerous.” In short, fear appeals may be useful to attract attention and raise awareness, but their effectiveness in changing attitudes and behaviours is less clear.
- Social norms are the perceived standards of acceptable attitudes and behaviours prevalent among the members of a community. The social norms model applied in health communication works as follows: “Essentially, the strategy of the social norms approach is to gather credible data from a target population and then, using various health communication strategies, consistently tell it the truth about its actual norms of health, protection, and the avoidance of risk behaviors. With repeated exposure to a variety of positive, data-based messages, the misperceptions that help to sustain problem behavior are reduced, and a greater proportion of the population begins to act in accord with the more accurately perceived norms of health, protection, and safety” (Haines et al., 2004). See the example from the Gay Men Play Safe campaign.
- Ensure that the (immediate) call to action is clear and appealing. This could include visiting a campaign web site.
- Consider the main insights identified in the audience analysis and try to distinguish your campaign from those of other organizations by adopting unique, credible and sustainable messages, a slogan, logo, colors, characters, music, signage or packaging to “brand” your campaign (Davis, 2000; Kotler & Lee, 2007).
- Among influencers identified in the audience analysis, consider some who could be spokespersons for the campaign or part of specific messages, such as in testimonials. A messenger could also be a mascot or fictitious character. The characteristics of good messengers are that they have perceived expertise, are trustworthy and likeable (Andreasen & Kotler, 2003; Kotler & Lee, 2007).
- Provide a focused brief (1 to 2 pages) to writers and graphic design suppliers, including: the main message (content); a brief description of the audience (key factors and insights from the audience analysis along with possible implications for appeal and tone); specific objectives in terms of what you want the audience to know, think and do after they receive the message; benefits and other content elements to support your main message; channels to be used and specifications (e.g., size, duration); deadlines.
- Conduct focus groups or individual interviews to pre-test messages with individuals from the audience. “A properly designed pre-test can assess whether materials are understandable, attention getting, memorable, and relevant to target audience members. It can also identify any source of confusion or offence.” (Siegel and Doner, 1998).

- The following items should be included when pre-testing messages & materials (Siegel & Doner, 1998):
  - What is the main idea of the (ad, booklet, etc.)?
  - What, if anything, did you particularly like?
  - What, if anything, did you particularly dislike?
  - Was anything offensive? (What? Who would it offend?)
  - Was anything hard to understand? (What?)
  - Was anything hard to believe? (What? Why?)
  - Who is this (ad, booklet, publication, etc.) for?
  - Who would get most out of it?
  - Do not overreact to pre-test results – use your judgment. Sound planning in previous steps should not create too many surprises.



**EXAMPLES: I HAVE SEX. SO I GET TESTED.**

AIDS Vancouver/Gayway, 2006



Findings from the 'Sex Now' survey in British Columbia (2004) indicated that 64% of gay men make HIV testing a regular part of their strategy to stay healthy, while 12% have not been tested. Young gay men are significantly less likely to test for HIV. 30% of young men under 30 years of age have never been tested for STIs. Of the young gay men who have tested for STIs, their frequency of STI testing is lower than older gay men. This campaign aimed to influence younger gay men to make testing a regular part of their sexual health practices rather than waiting to test only as a reaction to possible signs or symptoms of infection.

**EXAMPLES: GAY MEN PLAY SAFE**

AIDS Vancouver & national partners, 2005

Most gay men – whether HIV positive or negative – understand the importance of practicing safer sex.

In fact a majority of gay men practice safer sex each and every time.

In the early days of the epidemic, it was our safer sex efforts that had the most dramatic impact on bringing down new HIV infections.


Safer sex is still a high-priority community value among gay men. Now it is as important as ever that we keep it up.

So tell all your friends the good news, gay men are playing safe.

25% of gay men don't disclose, not because they don't care, but because they don't know. To be sure you are safe, practice safer sex, call the hotline and get tested.

Visit [GayMenPlaySafe.com](http://GayMenPlaySafe.com) to learn more about safer sex.

Produced by AIDS Vancouver and a national advisory team of partner organizations working in HIV and AIDS.



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“Studies show that gay men fall into three groups: those who take HIV risks frequently, very rarely, and not at all. Three out of four gay men are in the latter two groups - they choose safety,” explains epidemiologist Dr. Tom Lampinen. “The really exciting news involves that second kind of guy, the one who takes HIV risks rarely. Real power and potential rests with him. If he can commit to no HIV risk for just one to two years, he will force a decline in new infections. The humorous “Gay Men Play Safe” campaign was created to validate and support gay men’s safer sex practices while reinforcing the fact that sexual safety, including condom use, is a community norm. AIDS Vancouver and partner AIDS organizations from across the country worked with Rethink Advertising to create a new kind of HIV message that challenges the widely held perception that gay men suffer from condom-use fatigue and apathy.”

**EXAMPLES: VICK VANCOUVER**

Health Initiative for Men (HIM)

<http://www.youtube.com/user/VickVancouver>

Vick Vancouver was a multi-media HIV prevention and health promotion campaign designed to address four determinants of health: Social Support Networks, Social Environments, Personal Health Practices & Coping Skills and Culture. There were several goals to the year-long campaign: to raise HIM's profile (a new organization at the time) amongst gay men in Vancouver; to drive traffic to HIM's website; to raise gay male health and community issues and information within Vancouver's gay male population and facilitate community discussion and dialogue about the issues raised; to encourage volunteers and the viewing audience to adopt and maintain safer sex strategies; to promote and provide forums by which gay men could access HIV/AIDS and sexual health services and information; and to build a team of skilled and motivated volunteers who could use their assets to explore exciting ways to share healthy messages with gay men in Vancouver. The campaign was assets-based and revolved around an animated weekly gay soap "Vick Vancouver" posted on YouTube. The several media elements included screening events, newspaper media, adverts, posters and handbills, contests, outreach in gay venues, social events & networking, facebook, workshops and discussion groups.

### RECOMMENDED READINGS

Andreasen, A.R., & Kotler, P. (2003). *Strategic marketing for nonprofit organizations* (6th ed.). Upper Saddle River, NJ: Prentice Hall. (See Choosing a spokesperson, pp. 427-429).

Batrouney, C. (2004). Fear-based appeals in HIV prevention. *Social Research Briefs* (National Centre in HIV Social Research, Australia), 5, 1-2. <http://nchsr.arts.unsw.edu.au/pdf%20reports/SRBo5.pdf>.

Davis, S.M. (2000). *Brand asset management*. San Francisco, CA: Jossey Bass.

Haines, M.P., Perkins, H.W., Rice, R.M., & Barker, G. (2004). A guide to marketing social norms for health promotion in schools and communities. National Social Norms Resource Center. <http://www.socialnorms.org/pdf/Guidebook.pdf>.

Kotler, P., & Lee, N. (2007). *Marketing in the public sector*. Upper Saddle River, NJ: Wharton School Publishing. (See Choosing messengers, pp. 146-149, and Chapter 6 – Creating and maintaining a desired brand identity, pp. 107-131).

National Cancer Institute. *Making health communication programs work*. Retrieved January 6, 2005 from <http://www.cancer.gov/pinkbook/page6>. (See Stage 2: Developing and Pretesting Concepts, Messages, and Materials).

Siegel, M., & Doner, L. (1998). *Marketing public health: Strategies to promote social change*. Gaithersburg, MD: Aspen Publishers. (See p. 333 for an example of a creative brief and Chapter 16 – Pretesting messages and materials, pp. 415-445).



## 7 Plan for monitoring and evaluation.

### IN SHORT

- Develop your campaign's logic model.
- Establish a systematic monthly review of the implementation.
- Ensure that activities are actually reaching the intended audience.
- Evaluate progress toward the objectives, using baseline data and a methodology.

### KEY QUESTIONS

- How will you monitor implementation?
- How will you know if the activities are reaching the intended audience?
- How and when will you know if you are successful?

### RECOMMENDATIONS

- The main reason monitoring and evaluation are discussed before the actual implementation is to ensure that you include them in your timetable and budget.
- Mapping out how the campaign is expected to work (how investments will lead to results) is critical because it ensures that the right outcomes are measured (Doner, 2003). This is often called a "model of effect" or "logic model". You should consider developing your own logic model using all the information gathered in the planning process to date. For detailed tools, see:
  - The University of Wisconsin-Extension-Cooperative Extension, Program Development and Evaluation Unit Web site: <http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html#more>.
  - The instructions and template on the San Francisco Department of Public Health HIV Prevention Services' web site: [http://www.sfHIV.org/provider\\_contract\\_instructions\\_forms.php](http://www.sfHIV.org/provider_contract_instructions_forms.php) for instructions, and click "Logic Model Form" for the template.
- In order to monitor implementation, report:
  - If and when the planned actions/activities were completed.
  - If they were on time and why (or why not).
  - If they required/used all the human, material and financial resources allocated.
  - For each channel:


- The number of individuals reached
- Their profile vs. the intended audience segment's profile
- What was done well and less well.
- What you have learned.
- Recommended adjustments to the activity and/or plan.
- Consider monitoring implementation on an ongoing basis with short monthly progress reports.
- Track campaign outputs (PSA-donated time and space, press clippings, materials distributed, in-kind donated services, attendance at events, etc.).
- To evaluate your campaign against objectives set in Step #3, survey your audience prior to and at various times during (every six months or annually, if resources permit) and immediately after your campaign.
- Collecting pre and post-campaign data with comparable data from control communities would be ideal.
- Track campaign recall.
- Track achievement of objectives, possibly using the same methodology that you would have used in the audience analysis (Step #3).
- To ensure your evaluation framework is robust, invite a researcher (e.g., university researcher or graduate student) to help you design it. A comprehensive workbook on evaluation from The Health Communication Unit is also available free online (Van Marris & King, 2006). Plan on publishing your results – this acts as an added incentive to develop a state-of-the-art evaluation framework.

#### **RECOMMENDED READINGS**

Doner, L. (2003). Approaches to evaluating social marketing programs. *Social Marketing Quarterly*, 9(3), 18-26.

Van Marris, B., & King, B. (2006). Evaluating health promotion programs. Toronto: The Health Communication Unit (University of Toronto). <http://www.thcu.ca/infoandresources/publications/EVALMasterWorkbookv3.6.03.06.06.pdf>. See the other Web sites mentioned above.





## 8 Establish a timetable.

### IN SHORT

- Specify the tasks, people involved and deadlines to ensure effective and efficient implementation.
- Assign a competent and dedicated person to oversee the initiative.

### KEY QUESTIONS

- Who will do what?
- When will activities be implemented?

### RECOMMENDATIONS

- Develop a schedule with dates/deadlines, tasks to be accomplished and the people in charge of each task.
- Assign someone to oversee the campaign. Give that person an official mandate to play the coordinating or lead role. Ascertain that the person has sufficient time to devote to the campaign, and has the appropriate experience and/or skill to ensure successful implementation.
- Make health communication initiatives a regular part of senior management meetings, systems and follow-up.

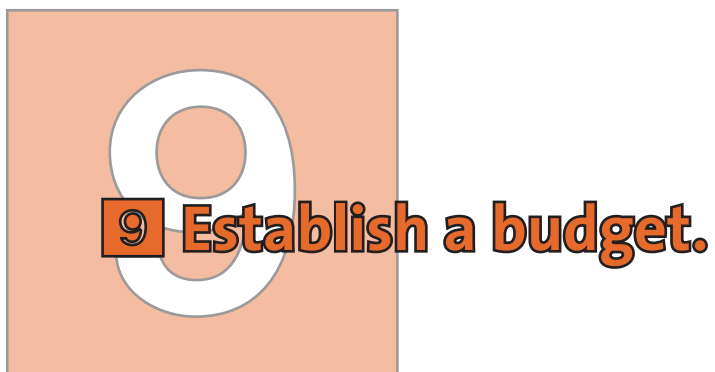
### EXAMPLE

The table below lists some typical items in an implementation schedule. Each item is likely to require more detail. You could also integrate elements from the Channels and Partners table (Step #5).

TASKS	DATES	POINT PERSON
Analyze target audience		
Establish partnerships		
Develop messages		
Pre-test		
Produce/distribute materials		
Implement initiative (carry out planned activities)		
Monitor		
Evaluate results		

### RECOMMENDED READINGS

Kotler, P., Roberto, N., & Lee, N. (2002). *Social marketing: Improving the quality of life* (2nd ed.). Thousand Oaks, CA: Sage Publications. (See Chapter 16 – Completing an implementation plan and sustaining behavior, pp. 371- 389).



### IN SHORT

- Establish a realistic budget outlining expenses, sources of revenue and in-kind contributions.
- Revise your objectives and strategy based on confirmed revenues.
- Look for opportunities, leverage your personal contacts and develop strong cases when seeking additional funding.

### KEY QUESTIONS

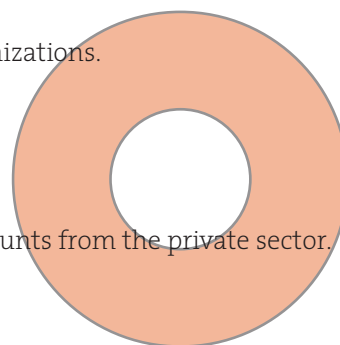
- What level of financial resources do you need to achieve your objectives?
- Is this level of resources confirmed?
- Do you need to raise funds and/or should you revise your objectives and approach?

### RECOMMENDATIONS

- Your budget should include both expenses and revenues.
- Do not mistake your dreams for reality. Confirm revenues or in-kind services from various partners before engaging in activities and reconfirm objectives (in order to manage expectations).
- Revise your objectives depending on confirmed budgets or actively seek funds.
- Find information on funding, philanthropic and sponsorships trends on an ongoing basis.
- When approaching potential funding and partner organizations, leverage personal contacts and develop a strong case that is linked to their funding priorities.

### EXAMPLES

- The following expense items are typically part of a health communication campaign:
  - Management and staff (coordination, media and partner relations, selecting and working with suppliers and volunteers, website development, hosting, and maintenance, etc.).
  - Expertise and committees.
  - Formative research, pre-testing and process and outcome evaluation.
  - Creative development and production of materials.
  - Media activities.
  - Events.
  - Training.
  - Mailing and other distribution.
  - Contingencies.
  - Applicable taxes.
- The following revenue items are typically part of a health communication campaign:
  - Your organization (human and financial resources).
  - Financial contributions from government agencies.
  - Financial and in-kind (value of) services from non-profit organizations.
  - Individual donations (employees, members and others).
  - Revenues from sales and services.
  - Foundations/service clubs.
  - Financial and in-kind contributions as well as non-profit discounts from the private sector.



### RECOMMENDED READING

Kotler, P., Roberto, N., & Lee, N. (2002). *Social marketing: Improving the quality of life* (2nd ed.). Thousand Oaks, CA: Sage Publications. (See Chapter 15 – Establishing budgets and finding funding).



## **Piecing it all together.**

This template is designed to help you assemble and summarize your campaign after you have completed the nine steps. If you run short of space, use additional pages as required.

Organization: \_\_\_\_\_

Your name: \_\_\_\_\_

Title: \_\_\_\_\_

Campaign: \_\_\_\_\_

Implementation Period: \_\_\_\_\_

### **Step 1: Form a planning team and set budgeting rules (pgs 7-9)**

Planning Team members: \_\_\_\_\_

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Pre-determined or possible budget: \_\_\_\_\_

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Schedule for the first few planning team meetings: \_\_\_\_\_

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**Step 2: Determine the unique focus and audience of the campaign**

What is the nature & scope of the gay men's health issue?	
Which factors explaining the issue do you want to address?	
Who do you want to reach (key audience and segments)?	
What do you want them to know?	
Think?	
And/or do?	

**Step 3: Analyze the audience and set measurable objectives**

Audience profile (use table on pages 18 and 19): \_\_\_\_\_

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Research agenda (information required — including baseline, methodology, supplier): \_\_\_\_\_

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Objectives (date, audience, changes sought in terms of knowledge, attitudes, behaviours)? \_\_\_\_\_

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**Step 4: Identify opportunities and challenges**

Opportunities: \_\_\_\_\_

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Challenges (including competition): \_\_\_\_\_

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Implications: \_\_\_\_\_

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Approach or materials: \_\_\_\_\_

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Timing: \_\_\_\_\_

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Frequency: \_\_\_\_\_

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Partners: \_\_\_\_\_

\_\_\_\_\_

Interpersonal: \_\_\_\_\_

\_\_\_\_\_

Events: \_\_\_\_\_

\_\_\_\_\_

Media: \_\_\_\_\_

\_\_\_\_\_

**Step 5: Select channels and partners**

Combination of channels and partners:

	Approach or materials	Timing	Frequency	Partners
Interpersonal				
Events				
Media				

Partners: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Step 6: Develop and pre-test messages**

Messages (content, appeal, messengers): \_\_\_\_\_

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Branding elements (if applicable): \_\_\_\_\_

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Brief for supplier (if applicable): \_\_\_\_\_

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Pre-testing: \_\_\_\_\_

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**Step 7: Plan for monitoring and evaluation**

Logic model: \_\_\_\_\_

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Monitoring implementation and outputs (elements, frequency): \_\_\_\_\_

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Evaluating outcomes (methodology, timing, supplier): \_\_\_\_\_

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**Step 8: Establish a timetable**

Name of coordinator: \_\_\_\_\_

Meetings with senior management to discuss implementation and progress: \_\_\_\_\_

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TASKS	DATES	POINT PERSON
Analyze target audience		
Establish partnerships		
Develop messages		
Pre-test		
Produce/distribute materials		
Implement initiative (carry out planned activities)		
Monitor		
Evaluate results		

**Step 9: Establish a budget**

Use list of budget items on pages 38 and 39.

Funding sources (prospects, case, personal contacts): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Misc. Notes: \_\_\_\_\_

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