Designing Health Campaign Evaluations for Today's Media Environment
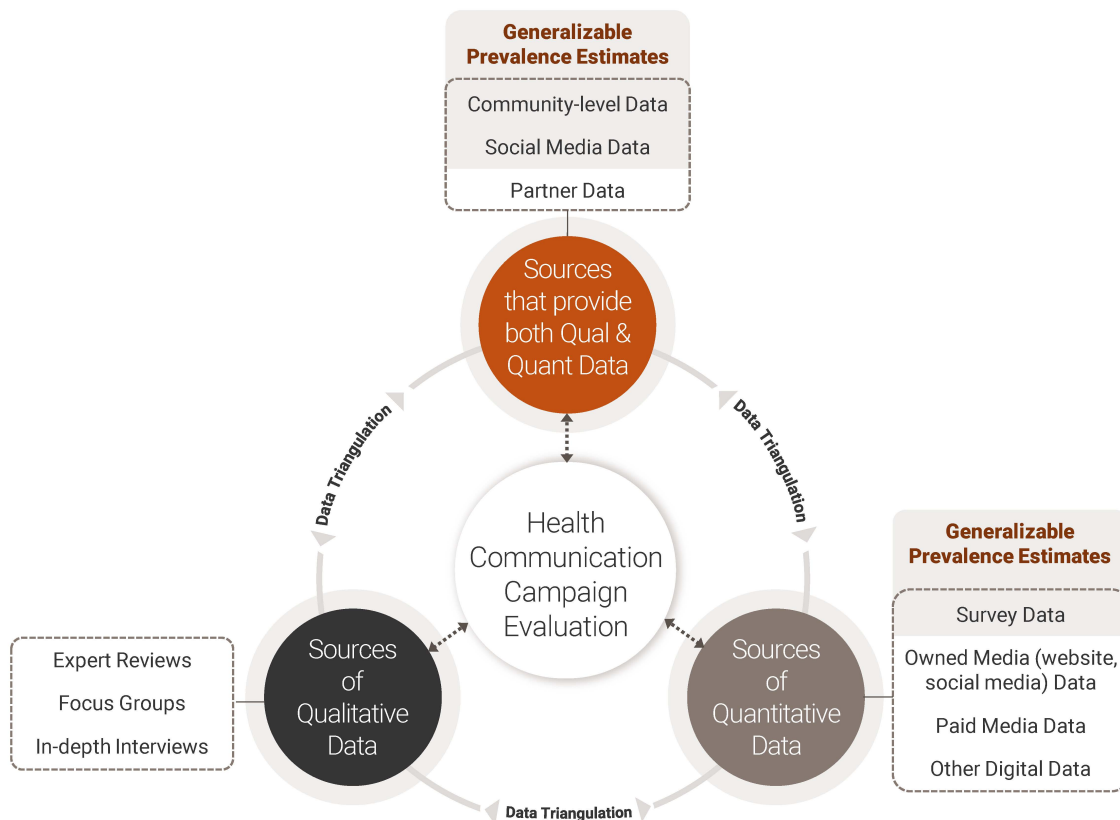
Today, almost any person, anywhere, at any time can share—and be connected to—information.[i] We are living in a complex and diffuse media environment—one that enables the sharing of a massive amount of information from a multitude of sources across many different channels.[ii] This environment offers many opportunities to capture new types of data that have not always available for campaign evaluations. It is also exactly this environment that can make it hard to understand what the real impact of health campaign messaging is.

At NORC at the University of Chicago (NORC), we believe that health communication campaigns are best understood by analyzing *multiple data sources* as part of their

evaluations—and we use advanced analytical process and tools, including the application of artificial intelligence and machine learning, to untangle the complex relationship between context, structure, process and outcomes in our evaluations.

The inclusion of multiple sets of data—each of which can provide perspectives on health concepts in unique ways—can provide a fuller understanding of these. A large body of literature demonstrates that incorporation of such data sources into health campaign evaluation can mitigate the challenges and biases that single-source designs alone present.[iii,iv] Our approach is visualized in Exhibit 1.

Exhibit 1. NORC's Mixed-Methods Approach to Health Communication Campaign Evaluation

Data Challenges Facing Today's Campaign Evaluators

Traditionally, survey methods have been used in health campaign evaluations to understand message effects. A recent study found that 82% of health promotion evaluations incorporated survey methods, and more than half used exclusively quantitative designs.[v]

Evaluation using one source of data, alone, presents challenges, though. There is no one perfect data set—all data have error and bias.

As well, not all data are useful to answer all research questions. Quantitative data do a better job answering specific questions (e.g., "how many?", "how often?", "how much?"), while qualitative data are more useful to answer other important questions (e.g., "why?," "how?," and "in what way?"). Other sources like social media, partner-level data, or data gathered through organizations that may support the dissemination of campaign messages can provide both quantitative and qualitative perspectives on a campaign. In addition to the quantifiable aspects, qualitative data can provide insights about themes and topics about health topics that emerge in both virtual and "real-world" communities. In some cases, these data can also provide generalizable prevalence estimates, depending on the audience prioritized for a campaign's messages.

Perhaps most importantly, though, measuring social concepts can be complex as they involve issues related to sensitivity and privacy. Health decision-making is also a personal, dynamic, and multi-faceted process that is based in social and historical contexts. Gaining a full understanding of the nature of such complex concepts requires more than one measure and one method—and using multiple data sources helps us achieve this understanding.

Our Approach At-Work: Evaluating *How Right Now*

CDC's *How Right Now/Que Hacer Ahora (HRN)* campaign was developed with the aim of increasing individuals' coping skills and their ability to adapt and be resilient, amidst the COVID-19 pandemic. Led by NORC, the campaign employed a mixed-method, culturally responsive evaluation design, where data were collected via national probability surveys, social listening, web analytics, media buys, partner activity tracking, and environmental scanning. This helped the study team gain a more robust understanding of campaign effects[vi]:
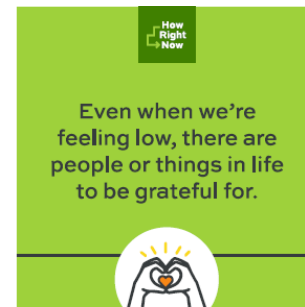
- By testing messages in our surveys, we were able to evaluate campaign effects on key behavioral measures, e.g., confidence in being able to take steps to cope.
- By also collecting and analyzing social media data, the study team was able to understand the context within which message exposure was happening.
- By triangulating these data sources, we were also more confident in our findings. For example, the Year 1 evaluation found that exposure to *HRN* messages (e.g., "Feeling Low" Message, Exhibit 2) drove increased community engagement. This was self-

reported as part of the message testing portion of the survey, but it was also seen in how people engaged *with that same content* in virtual communities across social media.

Interested in Learning More?

NORC health communication scientists are carving a new path for the future of health campaign evaluation—one that leverages the power of multi-mode designs in order to help our clients understand the *full impact* of their work. If you would like to learn more about our work in this area, please contact info@norc.org.

Exhibit 2. "Feeling Low" Message

References

i. Burke-Garcia, A. (2022). Communicating Through a Pandemic: A Chronicle of Experiences, Lessons Learned, and a Vision for the Future. Routledge.

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