

# COMMUNITY BASED MEDIA CAMPAIGN

## Evaluation Toolkit

Prepared for FOCUS Communities  
January 2006



This Evaluation Toolkit has been put together to aid you with your evaluation of the medial campaign.



## **FOCUS Media Campaign On Alcohol Risk Factor and Chronic Disease**

**2006**

### **Evaluation Components**

For the evaluation of this media campaign please send us the following information by **August 15, 2006**.

- 1) A cover letter outlining the activities that your FOCUS coalition undertook in the month of June 2006 related to alcohol risk and chronic disease. Please include information specifically on partnerships/collaborations you had with stroke and cancer resources in your community and identify continuing or new initiatives you have for 2006/07 based on the campaign materials. The letter could also include a narrative of opportunities and challenges you experienced related to the campaign which are not captured in the following evaluation documents.
- 2) A completed Program Record Form for the CDP Campaign including in-kind contributions.
- 3) Evaluation Survey for FOCUS Coordinators
- 4) Audience feedback surveys.

FRC will provide a training session on these materials prior to the campaign. We will collate and summarize this evaluation information and produce a document which will form part of the Final Project Report for the Ontario Stroke Strategy, Ministry of Health Promotion. You will each receive a copy of that document.

Thank you for participating in the campaign and evaluation. Please call or e-mail us if you have any questions.

Pam and Mary

FOCUS Resource Centre  
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Kingston, ON K7K 6W7  
Tel. 613-531-3895

<b>TYPE OF REPORT</b>	<input checked="" type="checkbox"/> Program Plan	<input type="checkbox"/> Interim Report	<input type="checkbox"/> Final Report
<b>FOCUS PROJECT NAME:</b>			<b>FILE NO:</b>
<b>LEAD AGENCY:</b>			
<b>LEAD for this program:</b>			
<b>CONTACT NAME:</b>		<b>PHONE NUMBER:</b>	
<b>REPORTING PERIOD</b>	From: <u>04/01/06</u> to <u>03/31/07</u>	<b># OF PARTNERS</b>	

### FOCUS Program Record Form

<b>NAME OF PROGRAM:</b>	FOCUS Media Campaign on Alcohol Risk and Chronic Disease 2006		<b>LANGUAGE: Check all that apply</b>
<b>PROGRAM DESCRIPTION:</b>	Participation in FOCUS provincial campaign addressing alcohol as a risk factor for stroke and cancer. Strategies will be designed with partners to distribute materials to the community through activities and events.  Participate in province wide campaign launch in June 2006.		<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual <input type="checkbox"/> Other: <i>specify</i> _____
<b>PROGRAM FOCUS issues addressed: (Check all that apply)</b>	<input checked="" type="checkbox"/> Alcohol Use <input checked="" type="checkbox"/> Chronic Disease Prevention <input type="checkbox"/> Injury Prevention (general) <input type="checkbox"/> Drinking (underage) <input type="checkbox"/> Drug Abuse in General <input type="checkbox"/> Illicit Drug Use <input type="checkbox"/> Drinking & Driving		<input type="checkbox"/> Prescription Drug Misuse <input type="checkbox"/> Risky Behaviour <input type="checkbox"/> Other (Specify): _____

**FOCUS Provincial Objectives: (Check all that apply)**

<p><b>Organizational Capacity</b></p> <input type="checkbox"/> To enhance the effectiveness of the coalition <input type="checkbox"/> To sustain an appropriate partnership <p><b>Community Capacity / Knowledge</b></p> <input type="checkbox"/> To increase the level of awareness regarding the risks, including the risk of injuries associated with AOD use and their consequences. <input checked="" type="checkbox"/> To increase the level of knowledge of low-risk drinking practices. <input type="checkbox"/> To increase the level of knowledge of appropriate actions to prevent injuries associated with AOD abuse. <input checked="" type="checkbox"/> To sustain the issue of alcohol and other drug prevention with the public. <input type="checkbox"/> To sustain the issue of alcohol and other drug prevention with decision makers. <input type="checkbox"/> To sustain the issue of alcohol and other drug prevention with partners.	<p><b>Environmental / Programming</b></p> <input checked="" type="checkbox"/> To increase the # of initiatives to prevent AOD abuse, including the prevention of injuries associated with the inappropriate use of AODs <input type="checkbox"/> To increase the number of effective initiatives to prevent AOD abuse among youth. <input type="checkbox"/> To increase the number of effective initiatives using a number of approaches (awareness, education, policy, and environmental support). <input type="checkbox"/> To increase prevention initiatives in key settings (work sites, school, etc.) <input type="checkbox"/> To increase the number of people reached by these AOD prevention initiatives. <input type="checkbox"/> To sustain appropriate programs	<p><b>Population</b></p> <input type="checkbox"/> To reduce the proportion of youth (12-19 year olds) who consume alcohol at least once a week. <input checked="" type="checkbox"/> To reduce the proportion of adult women and men who consume alcohol at levels that places them at risk for AOD injuries, chronic disease, illness, or death. <input checked="" type="checkbox"/> To reduce the rate of alcohol-related injuries, chronic disease, illness, or death. <input type="checkbox"/> To reduce the proportion of licensed drivers that report driving after consuming at least 2 drinks in the previous hour. <input type="checkbox"/> To reduce the proportion of illicit drug use. <input type="checkbox"/> To support reduced consumption of alcohol and other drug abuse, and associated alcohol and drug use behaviour changes made by the intended audience(s).
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**CHANNELS/SETTINGS FOR THIS PERIOD: Check one primary and as many "other" that apply**

PRIMARY	OTHER		# of partners	PRIMARY	OTHER		# of partners
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Community at large	_____	<input type="checkbox"/>	<input type="checkbox"/>	Health Care Settings	_____
<input type="checkbox"/>	<input type="checkbox"/>	Day Cares/Nursery Schools	_____	<input type="checkbox"/>	<input type="checkbox"/>	Media	_____
<input type="checkbox"/>	<input type="checkbox"/>	Grocery Stores	_____	<input type="checkbox"/>	<input type="checkbox"/>	Schools	_____
<input type="checkbox"/>	<input type="checkbox"/>	Day Camps	_____	<input type="checkbox"/>	<input type="checkbox"/>	Restaurants/ Liquor Est	_____
<input type="checkbox"/>	<input type="checkbox"/>	Worksites	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____	_____

**STRATEGY / APPROACH FOR THIS PERIOD: Check one primary and as many "other" as apply**

PRIMARY	OTHER		PRIMARY	OTHER	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	Policy
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Education (includes skill building)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Community Mobilization
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Environmental Support (other than policy)	<input type="checkbox"/>	<input type="checkbox"/>	Research & Evaluation

<b>AUDIENCE FOR THIS PERIOD: Check <i>one</i> primary and as many secondary that apply</b> <input type="checkbox"/> <input type="checkbox"/> Children 0-12 <input type="checkbox"/> <input type="checkbox"/> Youth 13-18 <input checked="" type="checkbox"/> <input type="checkbox"/> Adults – all 19-64 <input type="checkbox"/> <input type="checkbox"/> Adults – women 19-64 <input type="checkbox"/> <input type="checkbox"/> Adults – men 19-64 <input type="checkbox"/> <input type="checkbox"/> Older Adults 65+ <input type="checkbox"/> <input checked="" type="checkbox"/> General Community <input type="checkbox"/> <input checked="" type="checkbox"/> Special Populations (Ethnic, low-income, etc.) <input type="checkbox"/> <input type="checkbox"/> Volunteers/Partners <input type="checkbox"/> <input type="checkbox"/> Politicians/opinion leaders <input type="checkbox"/> <input type="checkbox"/> Others _____	<b>RESOURCE ALLOCATION:</b> <b>Cost of activity &amp; cost of staff time</b> FOCUS Staff \$: _____ FOCUS Resource \$: _____ <b>Total FOCUS \$: _____</b> Other Funding Sources and Amount (Grants): _____ In-kind Funding \$ _____ <b>COMMUNITY PARTNERS: Please list names of partner agencies or committees that were involved in this program. For committees, record all member agencies (in the space provided or on a separate sheet).</b> _____
<b>USE of Existing Best Practice Resources and Programs</b> Specify: <u>Comprehensive Communication Campaigns</u> Specify: _____ Specify: _____ Specify: _____	

<b>OUTPUTS (Products – Program Materials)</b>						<b>OUTPUTS (Events)</b>					
New	Exist	PLANNING & EVAL	#	Dist	Cost	New	Exist	PLANNING & EVAL	#	Dist	Cost
		<b>PLANNING &amp; EVAL</b>						Meetings	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Plans	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Interviews	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Questionnaires/Surveys	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify: _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Reports	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify: _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Proposals	_____	_____	_____			<b>INSTRUCTIONAL</b>			
<input type="checkbox"/>	<input type="checkbox"/>	Other, specify:	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Presentations/Seminars	_____	_____	_____
		<b>INSTRUCTIONAL</b>				<input type="checkbox"/>	<input type="checkbox"/>	Workshop/Training Events	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Presentation	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Health Fairs/booths	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Self-help Guides	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Games/Activities	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other, specify:	_____	_____	_____			<b>PROMOTIONAL</b>			
		<b>MEDIA</b>				<input type="checkbox"/>	<input type="checkbox"/>	Mass participation events	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Radio	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Recognition Events	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Television	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify: _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Newspaper	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify: _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other Print (e.g., newsletter, posters)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify: _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Website	_____	_____	_____			<b>PRODUCTS DEV'L BY OTHERS (specify)</b>			
<input type="checkbox"/>	<input type="checkbox"/>	Promotional Items (pens, mugs)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Main Accomplishments for the period (check at least one, and all that apply)	Supports for Sustainability (check all that apply)
<input type="checkbox"/> Planning	<input type="checkbox"/> Involved new partners
<input type="checkbox"/> Development/adaptation of program materials	<input type="checkbox"/> Rotated leadership
<input type="checkbox"/> Pilot testing	<input type="checkbox"/> Obtained other funding
<input type="checkbox"/> Program Implementation	<input type="checkbox"/> Provided "train the trainer" support
<input type="checkbox"/> Process Evaluation	<input type="checkbox"/> Applied lessons from evaluation
<input type="checkbox"/> Outcome Evaluation	<input type="checkbox"/> Phased out some activities
<input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> Established policy or by-law
<input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> Entrenched program/activity in a local agency
<input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> Other: Specify _____
<b>EXPLANATION OF ANY SIGNIFICANT VARIANCE FROM PLANS:</b>	
Was the project completed as planned? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list and explain briefly. _____	
If this is a repeat program, what changes were made based on previous evaluations? _____	
<b>OTHER COMMENTS (optional):</b> _____	

INKIND CONTRIBUTIONS					
LEAD AGENCY IN-KIND	# of INDIVIDUALS	TOTAL # OF HOURS	PARTNER IN-KIND by sector	# of INDIVIDUALS	TOTAL # OF HOURS
Position: _____	_____	_____	Volunteer Agencies	_____	_____
Position: _____	_____	_____	Police/Law Enforcement Agencies	_____	_____
Position: _____	_____	_____	Health Agencies (Health Units)	_____	_____
Position: _____	_____	_____	Networks (Safe Communities, Heart Health)	_____	_____
Position: _____	_____	_____	Education	_____	_____
Position: _____	_____	_____	Workplaces (industry, manufacturing)	_____	_____
<b>PRODUCTS IN-KIND</b>	# of products	Estimated Value	Retailers (WalMart, Shoppers Drug Mart)	_____	_____
Specify: _____	_____	_____	Private Sector (insurance co, banks)	_____	_____
Specify: _____	_____	_____	Restaurant/Service Industry (bars)	_____	_____
Specify: _____	_____	_____	Health Care Providers (hospitals, CHCs, MDs)	_____	_____
Specify: _____	_____	_____	Community Coalitions	_____	_____
Specify: _____	_____	_____	Other (specify): _____	_____	_____
Specify: _____	_____	_____	Other (specify): _____	_____	_____
<b>GRANTS/SERVICES IN-KIND</b>	#	Estimated Value	<b>VOLUNTEER TIME</b>	TOTAL # OF HOURS	Estimated Value
Copying	_____	_____	_____	_____	_____
Meeting space	_____	_____	_____	_____	_____
Grants (specify): _____	_____	_____	_____	_____	_____
Other (specify): _____	_____	_____	_____	_____	_____
Other (specify): _____	_____	_____	_____	_____	_____
Other (specify): _____	_____	_____	_____	_____	_____
Other (specify): _____	_____	_____	_____	_____	_____
<b>TRANSP &amp; COMMUNICATION</b>	#	Estimated Value	<b>TRANSP &amp; COMMUNICATION</b>	#	Estimated Value
Mileage	_____	_____	Other (specify): _____	_____	_____
Telephone Expenses	_____	_____	Other (specify): _____	_____	_____



# FOCUS Media Campaign on Alcohol Risk and Chronic Disease

2006

## Evaluation Survey for FOCUS Coordinators

The FOCUS Resource Centre has prepared and distributed resource materials to support the Alcohol Risk and Chronic Disease Campaign. FOCUS coordinators are asked to complete this evaluation form and return it to the FOCUS Resource Centre by August 15, 2006, along with other evaluation feedback.

1. Please indicate the extent to which you agree with the following statements.

a) I had a satisfactory choice of campaign materials.

Agree	Somewhat Agree	Disagree

b) I had input, via my FPWG representative, into creation of campaign materials.

Agree	Somewhat Agree	Disagree

c) I received the materials that were requested.

Agree	Somewhat Agree	Disagree

d) The resources available were sufficient for my community.

Agree	Somewhat Agree	Disagree

Comments:

2. Using the scale of 1 to 5, circle your rating of the following promotional materials for the campaign? (1=poor, 2=fair, 3=good, 4=very good, 5=excellent) Please check "Not Relevant" for all campaign materials that were not used by your site.

	Poor	Good	Excellent	Not Relevant	
Community Based Media Campaign Action Pack	1	2	3	4	5
Literature reference document	1	2	3	4	5
Campaign messages and supporting research	1	2	3	4	5
Media Release	1	2	3	4	5
Radio Ad	1	2	3	4	5
Print Ad	1	2	3	4	5
English Brochure	1	2	3	4	5
French Brochure	1	2	3	4	5
Spanish Brochure	1	2	3	4	5
Mandarin Brochure	1	2	3	4	5
Tamil Brochure	1	2	3	4	5
Ojibwa Brochure	1	2	3	4	5
English Poster	1	2	3	4	5
French Poster	1	2	3	4	5
Spanish Poster	1	2	3	4	5
Mandarin Poster	1	2	3	4	5
Tamil Poster	1	2	3	4	5
Ojibwa Poster	1	2	3	4	5
Evaluation Toolkit	1	2	3	4	5

3. On a scale of 1 to 5 (1=poor, 2=fair, 3=good, 4=very good, 5=excellent) how would you rate the overall campaign organization?

1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent

Comments:

4. On a scale of 1 to 5 (1= poor, 2=fair, 3=good, 4=very good, 5=excellent) how did your coalition rate this campaign?

1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent

Comments:

5. Community Response

a. How did your target audience respond to this campaign?

b. What worked in this campaign?

c. What didn't work in this campaign?

6. Future chronic disease campaigns

a. Would you be willing to participate in an additional alcohol risk and chronic disease FOCUS-wide campaign?

Yes

No

b. If 'no', what would encourage your participation in an additional campaign?

7. Other future campaigns

a. Would you be willing to participate in a FOCUS-wide campaign on a different topic?

Yes

No

b. If yes, what topic(s) do you suggest?

8. Do you have any additional comments or suggestions regarding this media campaign?

*Thank you for completing this survey.*



## FOCUS Media Campaign on Alcohol Risk and Chronic Disease 2006

### Audience Feedback Form

Please help us to improve the presentation by telling us about your reactions to what you saw and heard during this presentation.

***Please do not put your name on this form.***

*Responses from everyone who has attended these presentations will be summarized.  
You will not be identified in any way.*

1. Before the presentation, how much did you think about alcohol in relation to stroke or cancer?

Never	Once in a while	Once a month	Once a week	A lot
1	2	3	4	5

2. Following the presentation, how much have you thought about alcohol in relation to stroke or cancer?

Never	Once in a while	Once a month	Once a week	A lot
1	2	3	4	5

3. a. Do you think you will change anything as a result of the information you saw or heard in the presentation?

yes

no

don't know

- b. If you answered **Yes** – what do you think you will change?

4. What did you like best about the presentation?

5. How much did the campaign materials make you think about the effect of alcohol on stroke or cancer? On the scale below, 1 means it did not make you think about it at all and 5 means it made you think about it a lot.

Campaign materials:	Not at all					A lot	Did not see or hear item √
	1	2	3	4	5		
Poster	1	2	3	4	5		
Brochure	1	2	3	4	5		
Newspaper ad	1	2	3	4	5		
Radio Ad	1	2	3	4	5		

6. Do you have any comments or suggestions about the presentation?

*The next section has some questions about YOU. Please check the appropriate box:*

7. Age in years:  19-24  25-44  45-54  55-64  65-74  75 +

8. Gender:  Male  Female

9. Marital Status:  Single  Married / living with partner  
 Divorced / separated  Widowed

10. Where were you born?  In Canada  In another country

11. What languages do you understand? Please check all that apply.

- English  French  Ojibway  
 Spanish  Mandarin  Tamil

**Thank you for completing this survey.**