

**FOCUS Provincial Campaign
on
Chronic Disease Prevention and
Low-Risk Drinking Practices**

Prepared by:

Focus Resource Centre

Pam Benson, Manager

Mary Graham, Program Assistant

Prepared for:

Vikki German

Program Coordinator

Chronic disease Prevention and Health promotion Branch

Ministry of health and Long-Term Care.

Table of Contents

INTRODUCTION.....	3
BACKGROUND	4
METHODOLOGY	5
RESULTS	6
PROGRAM RECORD FORM	6
<i>Program focus & Issues addressed.....</i>	6
<i>Provincial objectives.....</i>	6
<i>Channels and Settings.....</i>	7
<i>Approaches</i>	7
<i>Audiences</i>	7
<i>Outcomes.....</i>	7
<i>Languages.....</i>	7
<i>In-kind contributions.....</i>	7
<i>Outputs.....</i>	8
SURVEY	9
NARRATIVE INFORMATION.....	13
VENUES FOR DISPLAYS	13
NEW PARTNERS	13
CHALLENGES	13
OPPORTUNITIES	14
CONCLUSION:	14
NEXT STEPS:.....	15
APPENDICES	
SURVEY LETTER	
EVALUATION SURVEY	
PROGRAM RECORD FORM	

Introduction

The FOCUS Provincial Campaign on Chronic Disease Prevention was aimed at the dissemination of information, throughout FOCUS communities in the province of Ontario, on alcohol risk and chronic disease prevention and low risk drinking practices. It included chronic disease prevention messages, based on recent research showing compelling links between alcohol consumption and chronic disease and information on low risk drinking practices, including the Low-Risk Drinking Guidelines (LRDG).

The LRDG are a population health tool developed by the Centre for Addiction and Mental Health (CAMH) in partnership with the Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (ALPHA), with support from the Ministry of Health and Long-Term Care (MOHLTC).

The initiative was managed by the Focus Resource Centre (FRC) and provided an opportunity for participating FOCUS sites to include chronic disease prevention (CDP) messaging in their current programming. Existing population health materials currently used by FOCUS sites supported new CDP messages on stroke and cancer and were made available for dissemination across the province.

The campaign also provided a collaborative opportunity for FOCUS communities to work with CAMH and other health promotion partners (OPHA and ALPHA) in a provincial dissemination of updated LRDG materials. It included public health units, the LCBO and other health promotion organizations.

Materials for the FOCUS campaign were ordered and distributed centrally to keep costs to a minimum. The project included dissemination of several LRDG resources, as well as other materials developed by FOCUS projects and key CDP messages on stroke and cancer developed by the FOCUS Provincial Working Group (FPWG). Consistent media messages, in several formats, for a variety of media outlets were made available to the FOCUS communities and a template media release was developed. Several types of informational/promotional materials were reproduced and made available on order to FOCUS communities.

Each FOCUS community ordered and used the resource components that they felt were most meaningful in their own communities and each organized displays, workshops, presentations, etc. as appropriate to their client group. Some regional collaborations took place amongst the FOCUS communities, primarily in the north. Many of the FOCUS communities received additional local in-kind contributions from their sponsoring agencies and community partners which helped to offset the costs of the campaign and provided opportunities for the development of additional resources not funded through this project.

The purpose of this project was to mount a FOCUS community, province-wide campaign on CDP using low risk drinking practices as a vehicle, which would:

- increase the capacity of FOCUS community sites to expand their population health approach to address alcohol as a risk factor in chronic disease
- enable the reproduction of printed resources required to mount the province-wide campaign, resulting in wide-spread and consistent messages on alcohol as a risk factor and the realization of reproduction cost efficiencies due to bulk ordering

- engage FOCUS communities throughout Ontario in an initial province-wide campaign, setting the stage for potential future chronic disease prevention, province-wide campaigns using consistent messaging and materials, across the FOCUS communities.

This report synthesizes the activities carried out, as well as the perceived results and benefits of the campaign.

Background

The FOCUS Community Program is an initiative of the Ministry of Health and Long-Term Care (MOHLTC) located in 22 centres throughout Ontario, with a common goal of preventing problems, including injuries, associated with alcohol and other drug use. In 2003/04, the FOCUS Community program, including FOCUS Community sites and FOCUS Resource Centre, received a 5-year extension of funding from MOHLTC, Public Health Branch through to March 2008.

FOCUS communities are established throughout the province in areas of high risk for problems associated with alcohol and other substance abuse. These community partnerships are mandated to provide health promotion and injury prevention programs for diverse groups of people, based on local community needs. FOCUS community sites are in an excellent position to also provide programming specifically aimed at alcohol as a risk factor in chronic disease. This requires a range of supports needed to enhance their capacity to provide additional prevention and health promotion programming. Expansion of capacity is supported through the FOCUS Resource Centre which provides information, training, consultation and networking and referral opportunities to the FOCUS sites. In fiscal 2003/04 the FOCUS community began to incorporate information on chronic disease prevention into some of their current programming, with particular reference to alcohol as a risk factor in chronic disease.

Under the existing MOHLTC chronic disease prevention umbrella, some chronic disease prevention risk factors are currently being addressed through the Ontario Stroke Strategy initiative. Stroke is a leading cause of death and adult neurological disability and costs the economy of Ontario almost a billion dollars a year. As the population of Ontario ages, the number of strokes is expected to increase. Modifiable risk factors amenable to community-based prevention include smoking, hypertension, excessive alcohol use, diabetes, obesity, and physical inactivity.

Exceeding the low-risk drinking guidelines (more than 1-2 drinks per day, with weekly maximums of 14 for men and 9 for women) and binge drinking can double the risk of ischemic stroke and increase the risk of hemorrhagic stroke two-to three-fold. Excessive alcohol consumption increases the risk of stroke by raising the blood pressure and contributing to obesity. About 7% of Ontarians aged 45 and over, drink at unhealthy levels. Although excessive alcohol consumption is a significant, modifiable risk factor for stroke, currently there is no provincial health promotion strategy addressing this issue. In addition, excessive alcohol consumption is also a risk factor for other chronic diseases including cancer, diabetes, cardiovascular and gastrointestinal disease. One of the recommendations of the MOHLTC Stroke Strategy is that “a population health approach to reducing excessive alcohol consumption and associated health risks

be developed and implemented as part of existing health promotion programs". The *FOCUS Program Needs Assessment Concerning Alcohol as a Risk Factor in Chronic Disease Prevention/Stroke* was completed with Stroke Strategy Initiative funding in 2002/03 as a first step in looking at how the FOCUS program could act as a community-based channel for a population health approach to chronic disease prevention (CDP). Subsequent to this, a project proposal was submitted to the MOHLTC to secure funding for a province-wide FOCUS Community campaign which would integrate CDP messaging on alcohol as a risk factor, with information on low risk drinking practices, using the Low Risk Drinking Guidelines (LRDG) as a primary vehicle. This report is an evaluation of the FOCUS-wide campaign that took place during the month of May 2004.

Methodology

There were four steps to achieving the objectives of the campaign:

1. A number of FOCUS sites had individually developed/adapted low risk drinking practices (LRDP) resources for their own FOCUS community. These materials were collected and collated to provide a menu of resources for FOCUS communities to choose from to meet their own community needs.
2. Chronic disease prevention messages on stroke and cancer were developed, reviewed by FOCUS Provincial Working Group (FPWG) to ensure that the messaging met local community needs, and integrated with existing FOCUS LRDP materials.
3. FOCUS communities utilized CAMH materials including LRDG brochures, coasters and table tents in English and French to augment the FOCUS-specific materials.
4. FOCUS communities worked with CAMH and partners as part of a province-wide, LRDG dissemination campaign, mounting an integrated provincial initiative that included the majority of the FOCUS communities.

The campaign was centrally managed through FRC with respect to the collation, reproduction and dissemination of campaign materials to the FOCUS communities. This assured consistency in messaging and style throughout the province and allowed for financial efficiencies realized through bulk reproduction of materials. Project funding for each local campaign was managed centrally and campaign evaluation materials were collated and analyzed by FRC.

There were three components to the evaluation of the campaign.

Each participating FOCUS site was asked to:

- provide a Program Record Form listing various activities carried out in their community,
- complete an Evaluation Survey,
- provide a Narrative that outlined the activities that their FOCUS coalition took in the month of May on chronic disease prevention and low risk drinking practices including opportunities and challenges related to the campaign that were not

captured in the other evaluation documents and future events and opportunities associated with the ongoing dissemination of campaign materials.

Results

Program Record Form

The Program Record Form (PRF) is a tool utilized by FOCUS communities to track programs and activities and includes activity /program description and focus, provincial objectives, channels/settings, approaches, audiences, outcomes, resource allocations, languages, products and in-kind contributions. See attached "*FOCUS Program Record*"

Program focus & Issues addressed

The most common focus and issues in this campaign were alcohol use, chronic disease prevention, and injury prevention. Five FOCUS communities also addressed risky behaviour and 2 addressed prescription drug misuse.

Provincial objectives

Provincial objectives for FOCUS programs encompass four areas:

- Organizational Capacity (OC),
- Community Capacity/knowledge (CC),
- Environmental/programming(EP) and
- Population (P).

FOCUS participants primarily cited Community Capacity and Population objectives for this campaign with one Environmental/Programming objective. Depending on the events they participated in, a significant minority also cited additional Organizational Capacity and Environmental/Programming objectives.

Provincial objectives for this campaign cited by all respondents who provided PRFs (15) were:

- to increase the level of knowledge of low risk drinking practices (CC),
- to reduce the proportion of adult women and men who consume alcohol at levels that place them at risk for injuries, chronic disease, illness or death (P)
- to reduce the rate of alcohol-related injuries, chronic disease, illness or death (P).

The majority of FOCUS communities also included the following provincial objectives:

- to increase the level of awareness regarding the risks, including the risk of injuries associated with alcohol and other drug (AOD) use and their consequences (CC)
- to sustain the issue of AOD prevention with the public (CC)
- to increase the number of initiatives to prevent AOD abuse, including prevention of injuries associated with the inappropriate use of AOD (EP)
- to support reduced consumption of AOD and associated AOD behaviour changes (P)
- to reduce the proportion of youth who consume alcohol at least once a week (P)

Additional objectives were cited for Organizational Capacity and Environmental/Programming by 6 or less respondents.

Channels and Settings

FOCUS communities used the channels that they felt were most needed locally with the majority using community-at-large and media channels. Two sites disseminated materials only.

Channel	# sites		Channel	# sites
Community At Large	14		Media	13
Elementary Schools	1		Worksites	2
Post Secondary Schools	3		Seniors clubs	1
Hospitality Industry	4		Grocery stores	1
Health Care	5			

Approaches

The primary approaches used for this campaign included awareness and education. Four FOCUS Communities used community mobilization and 2 used environmental support approaches.

Audiences

Of the 15 respondents, 8 cited Adults-all, 6 cited General Community and 1 selected Other as their primary audience.

Secondary audiences included Adults aged 55+ (8), General community (7), Adults 19-55, Special Populations and volunteer/partners (4 each), youth aged 13-18 and politicians/opinion leaders (2 each).

Outcomes

All of the respondents expect increased awareness and knowledge outcomes in their communities from this campaign and a number expect increased collaboration between coalitions partners (6). Two of the respondents expect policy development and 4 each expect strengthened coalitions/partnerships and planning and development.

Languages

Resources were made available in both English and French. Twelve sites used English only resources, 3 sites used English and French resources and 1 site used primarily French resources.

In-kind contributions

Total in-kind contributions of \$72,000 from the FOCUS sites and their communities were realized in this campaign. Over \$40,000 in in-kind contributions were contributed by the community partners, staff hours spent working on the campaign were estimated at \$28,000 and over \$4,000 came out of the FOCUS communities individual budgets.

Outputs

There were a range of events associated with this project with a gross number of over 2300 events and estimated reach of over 14,110,000 throughout the province. Since the population of Ontario is less than 13,000,000 and participating FOCUS communities are in 18 sites in Ontario, the estimated reach of this initiative indicates that people received multiple messages through multiple venues in the participating communities.

The greatest concentration of events was through the media involving over 2200 events with an estimated reach over 14 million people. These included 700 radio, 1451 television, 105 newspaper, 8 bus back, 1 bus shelter and 2 movie ads and 6 billboards. There were also 5 newspaper articles, 3 radio and 1 television appearances.

Instructional events included 15 presentations and 3 workshops with an estimated reach of 300. Instructional products included displays, bookmarks, kits, packages, signs and brochures.

Promotional events included physician and library mail-outs, mass participation events, activities at a Mock Crash, a RIDE program, a SMARTRISK program, a marina and a number of displays with an estimated reach of over 16000. Twenty promotional products supporting the theme of CDP and low risk drinking practices were distributed to approximately 17,000 clients. All or most of the sites used six products supplied through the project including CDP information, FOCUS bookmarks and displays, LRDG brochures, table tents and coasters. Additional promotional products were developed or contributed with in-kind financing including magnets, pens, fliers, newsletters, brochures and website pages and were used as supplements to the project resources supplied.

Type of Output	Number	Estimated Reach
Instructional Events	18	299
Instructional Products	5	2528
Media Events	2284	14,072,813
Promotional Events	15	16467
Promotional Products	20	16658
Planning & Evaluation Events	30	n/a
Planning & Evaluation Products	9	n/a

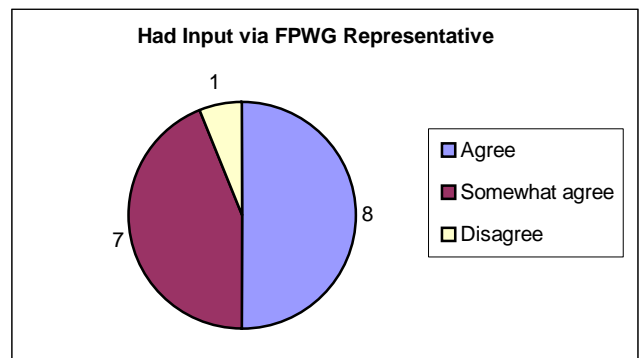
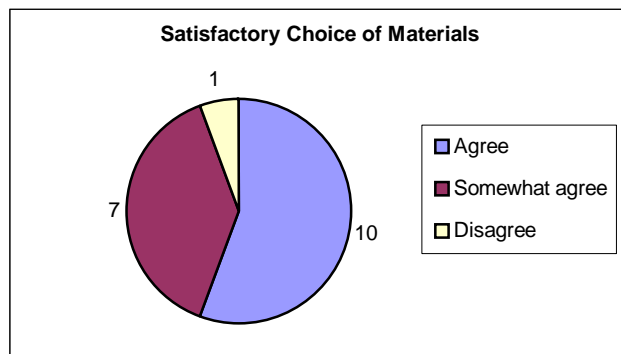
Survey

The survey consisted of 8 single or multi-part questions regarding the choice and quality of materials, communication and organization, feedback from coalition partners and target audience, perceptions of what worked and what didn't work and, willingness and ideas on participation in future FOCUS-wide campaigns.

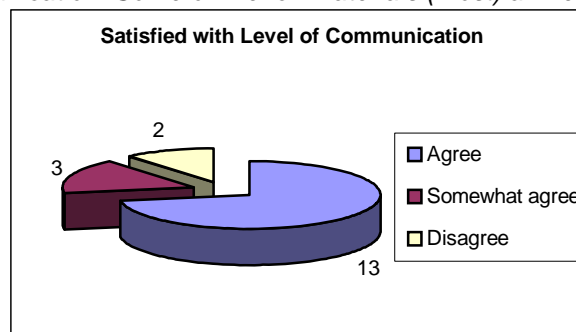
Of the 22 FOCUS community projects, one site chose not to participate in this campaign from the outset. Another site, undergoing staff change just as the campaign was in the planning and dissemination phases, was not able to participate as originally planned. Two additional sites were not able to participate due to the short time frame for planning.

The majority of participants agreed or somewhat agreed that they had a satisfactory choice of materials. Issues about materials primarily concerned not being able to locally customize materials due to copyright constraints and not receiving all the LRDG materials in a timely manner.

Similarly most coordinators agreed or somewhat agreed that they had input via the their FOCUS Provincial Working Group (FPWG) into creation of CDP materials. The regional representatives on the FPWG had a unanimous agreement on this, while other coordinators were more likely to somewhat agree. As the FPWG is in its first year of organization, it is clear that communication both from and to this group is an area for continued improvement.



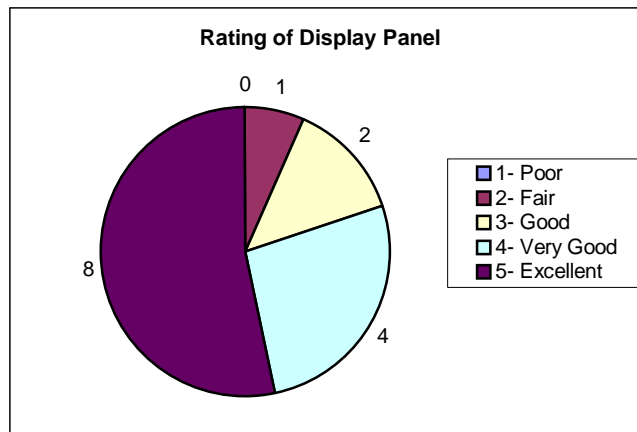
Most respondents were satisfied with the level of communication with comments ranging from *“The output of info from FRC was ongoing, updated, clear and consistent. I had a strong sense of the initiative direction and how our centre could participate. Excellent flexibility”* to *“Lots of communication at the beginning, but didn't receive adequate notice about delays in display boards”* and *“Good communication. Some of French materials (most) arrived late delaying the print campaign”*



The respondents were asked to rate the individual materials. The number of responses varied as sites selected what to use for their own circumstances. Some materials were used by most of the sites while others were used by limited numbers reflected in the response totals. Each site chose a number of materials and each generally attempted to coordinate print and media materials to maximize the reach for the campaign.

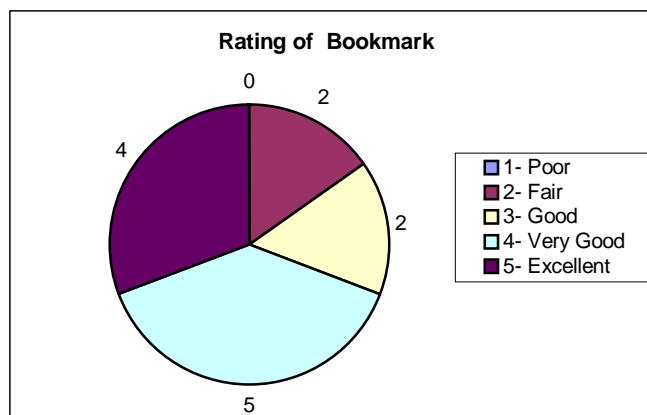
TV ads were rated *good to very good*; radio ads responses were rated by 11 users as *good to very good* and 1 user as *poor* "because of a lack of flexibility in adapting the radio message". This issue was due to copyright.

The display panel was rated *good to excellent* by 14 respondents and *fair* by 1. The issue here was reproduction quality as opposed to content.



The newspaper ads were rated *good to excellent* by 9 respondents. The bus back ads were used by 3 respondents, with 1 rating each, of *good, very good and excellent*. The 1 site using a bus shelter ad rated it as *very good*. Interestingly, of the 2 sites who used billboards, one rated it as *fair* and the other *excellent*. One site used the movie ad and rated it as *fair*.

Many sites used the FOCUS bookmark and ratings varied from *fair to excellent* with the majority rating it *very good to excellent*.



Fifteen FOCUS communities used the CAMH LRDG brochure and all rated it *good to excellent*. Due to reproduction delays, the CAMH coasters and table tents were not available in time for the May campaign and therefore were not rated in this survey. FOCUS communities will disseminate them through the remainder of the year at various events.

Overall organization of the campaign was rated *good to excellent* by 16 respondents. There were many positive comments on the work put in by FRC however time constraints were mentioned as problematic and 2 respondents rated the organization of the campaign as *fair*, one commenting further that this was due to time constraints at the FOCUS community end. All members of the FPWG rated the organization of the campaign as *very good to excellent* while there was more variability amongst those not on the FPWG, who were less aware of the behind-the-scene efforts.

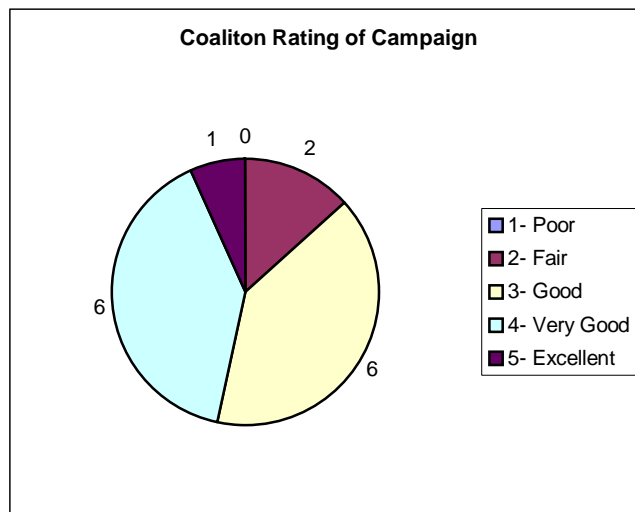
Similarly, of coalition ratings of the campaign, 12 rated it as *good to very good*, 1 as *excellent* and the same two FOCUS communities as *fair*. The remaining 3 coalitions either did not rate the campaign or had not met to discuss it.

Some of the comments included *“Something to build on for future activities”*;

“There were a number of positive comments heard by the Advisory Committee members. We were pleased”;

Feedback was very positive from the coalition though they were unable to assist”

“Because the print information (French) arrived late into the campaign it was not used to the extent it should have been”.



In relation to how the target audience responded to the campaign, 16 of 17 respondents had comments which were positive. These related to the target audience having seen the ads, responding positively to a balanced approach, positive responses from agencies, questions about the guidelines and additional requests for information. One site had a concern from a member of the community who called to express concern that we are advocating to have 2 drinks a day while his brother was stopped at a RIDE stop & lost his license for 1 year after having "only had 2 drinks".

Comments on what worked in this campaign were fairly consistent across the 18 respondents. The availability of ready-to-go materials, funding, centralized organization and distribution and the template media release were noted by a number. Also mentioned were regular pre-campaign teleconferences, the creation of CDP messages using the CDP "Did You Know?" tagline, consistency of messaging across Ontario, the variety of media outlets available and that the information could be integrated to the present or existing program.

In response to the question on what didn't work in this campaign 13 of 18 respondents provided comments. Lack of flexibility in adapting materials, insufficient planning time, lack of multicultural resources and delay in CAMH resources were mentioned more than once. Additional comments included low participation among some sites, additional dollars needed for media, lack of MOHLTC media support, the quality of display and shipping problems.

Despite the challenges experienced in this campaign, 17 of 18 FOCUS communities indicated willingness to participate in an additional CDP and alcohol risk, FOCUS-wide campaign with 2 coalitions indicating their participation would be dependent on available funding.

Sixteen also indicated their willingness to participate in a campaign(s) on different topics. Suggestions for future FOCUS-wide campaigns included:

- Binge drinking (3)
- Youth related topics (7)
- The long-term detrimental effects of "recreational drugs" i.e. Marijuana (2)
- Smoking cessation
- Safe found needle handling (neighbourhoods with high incidence of intravenous drug users) to general public
- Positive life style - as factors in healthy alcohol and drug use (2)
- FAS/FAE and Alcohol & pregnancy (2)
- Safe Grad
- A targeted promotion of the LRDG to physicians & other health professionals & widely distribute the screening tool being developed by the Alliance.
- Older adults & alcohol & prescription drugs.
- Prevention of chronic disease through nutrition and physical activity or exercise.
- Parenting & their role in prevention of problems
- Alcohol policy development (municipal, licensed establishments, etc -Safer Bar coalitions
- Risky behaviour associated with alcohol and drugs
- Drinking and driving issues (2)
- Alcohol and advertising
- Low risk drinking guidelines
- Liability

Twelve respondents had additional comments. There were many positive comments for the work by FRC (7). Difficult timelines were again mentioned by 5 respondents. Other comments included timing, the opportunity to work together, the development of a "How To" manual for a provincial campaign, a compilation of what was done in all communities to share, communication enhancements, and visibility for the FOCUS program.

Narrative Information

The following information was gleaned from the narratives provided by the FOCUS coordinators.

Venues for Displays

Public health fairs and school health fairs were common venues that were used to promote the messages. Other venues included a military sports complex, hospitals, libraries, seniors clubs, workplaces, service clubs, colleges, universities, and regional cancer centres. Additionally there were opportunities to tag along with other promotional activities. These included Police Week, Chronic Disease Prevention Month, Safe Boating Month activities, FASD networks, and various conferences. Innovative ad placements included theatres and bus shelters, each placed by one FOCUS site.

New Partners

Several new partnerships were created during the planning and dissemination of this campaign. Most notably several FOCUS sites began working with local Heart Health Coalitions for the first time.

Challenges

Several sites felt that more planning time would have resulted in a more comprehensive campaign that could have had more and better activities and a greater impact. However, the sites generally viewed this initial project as a precursor to continuing activities throughout the year. Due to scheduling problems, some site coordinators had to carry out the campaign without the aid of community partners.

Some partners and media were concerned about potential conflicting chronic disease messages. The LRDG recommend no more than 2 drinks per day with weekly limits. Some of the breast cancer research shows increased risk at just 1 drink per day. Additionally it is felt that messaging must be in an easy to understand format.

It can be difficult to market the LRDG to some populations, as alcohol use is a significant aspect of lifestyle and many outdoor recreational activities. One FOCUS Community stated that the LRDG may not be a good means of targeting the high risk and lower literacy populations..

In one situation initial FOCUS plans for media advertising were altered once they were investigated closely as it was not felt that the chosen venue would provide the best alternative. *“With the support and flexibility of the FRC, we were able to change plans and benefited from doing so, as we proceeded with the most appropriate media avenues in our community.”*

One site was generally dissatisfied with the campaign materials provided, however it did use them and then added additional community-developed components to augment the

campaign. The inability to customize some of the campaign materials was a frustration, however this was due to copyright issues and the inability to modify existing resources.

Opportunities

Distribution of and instruction on the LRDG to the health care settings would allow doctors, nurse practitioners and nurses the opportunity to present the information to clients. For those FOCUS communities not directly connected to health units, developing linkages with the medical health sector is an evolving opportunity. One site is developing a health professionals screening tool for alcohol use. This tool might provide an educational opportunity for all of the sites to use in their communities. Once the pilot for the tool is completed, it could be shared with the other sites and mass distributed as part of a provincial campaign targeting family physicians and other health professionals. Increasing the medical practitioner knowledge about alcohol as a significant risk factor in chronic disease and low risk drinking practices could strengthen the acceptance and understanding of the LRDG messages generally.

One site expressed concerns over the messaging as it applies to seniors. A separate campaign targeting seniors could be considered in the future. Additionally, new work with some sites could include expanding the messaging to address prevention of falls for seniors.

Although some LRDG materials were not available for the May campaign, distribution of coasters and table tents to restaurants and bars will be continued throughout the year in many FOCUS communities.

Additional opportunities that can flow from the original campaign could include new or additional policy work in the FOCUS communities including bar, college and university, and municipal alcohol policies.

Conclusion:

This campaign increased the capacity of the FOCUS communities to expand their population health approach to address alcohol as a risk factor in chronic disease. The estimated reach of this campaign was over 14,000,000, with over 2300 events/activities that crossed many sectors, all delivered in May 2004. As the participating FOCUS communities are located in eighteen areas around the province, it can be assumed that campaign targets heard the messages more than once through multiple channels and events over the month and that they heard similar messages in different communities throughout the province.

Because template materials were used for all sites for this campaign the look and the content of the messaging was consistent across the province. These materials included various types of advertising copy, LRDG resources, CDP messages, media releases, display panels, bookmarks and billboards. Each FOCUS community was able to personalize the material to reflect their corporate identification and contact numbers. Most of the participants will continue to disseminate the campaign information throughout the year. Planned events include dissemination of information to college students, provision of materials to the medical sector including physicians, nurses, nurse

practitioners and hospitals, continued use of the displays and CDP messages in workshops, for teacher and camp leader training, at workplace wellness and breast cancer events, through local bars and service clubs, and at local festivals. Centralization of the reproduction and distribution of materials afforded cost efficiencies through bulk ordering and dissemination.

Several sites, particularly in the Toronto area, requested culturally appropriate resources in other languages which was beyond the scope of this initiative. However it is a potential area for development in the future. CAMH currently has an initiative focussed on developing culturally appropriate LRDG materials which will be of great value to the FOCUS program in meeting the needs of culturally diverse populations

New partnerships were developed including either new or strengthened collaborations with Heart Health coalitions, and new partnerships with libraries, worksites, colleges, the medical sector, Healthy Living coalitions, etc. This campaign was also part of a larger dissemination of LRDG resources throughout the province by CAMH, OPHA and aIPHA. In addition the Best Start “Alcohol and Pregnancy” provincial campaign running at the same time, presented an opportunity for collaboration regarding alcohol messaging and the media. Several of the FOCUS communities participated jointly in this campaign and in the alcohol and pregnancy initiative.

This campaign was the first FOCUS initiative to provide a coordinated media event across FOCUS communities using standard materials and was intended to be a FOCUS-wide pilot. As such, it was a very positive experience. Not only did the majority of FOCUS sites participate, but most were enthusiastic and used this opportunity to augment and support their current programming.

The idea for a campaign had been germinating and discussed for some time at FOCUS wide trainings and at 2 annual symposiums. The primary challenges of this campaign were the limited time frame to organize and deliver the campaign (4 months) and the subsequent difficulties in receiving some of the materials in a timely manner. There were also some communication issues. Most of the communication between the FOCUS Resource Centre and the FOCUS Communities was done by e-mail, fax and telephone and regular updates were sent to the participants. Some sites noted that they were unaware of certain developments as they had not regularly read the e-mail updates. Communication between the FPWG regional representatives and their regional coordinators could also be enhanced so that all communities feel more directly involved in the immediate pre-campaign organization and developments. Despite some of these challenges most of the FOCUS Communities are interested in pursuing additional similar campaigns and provided a number of useful suggestions about potential themes.

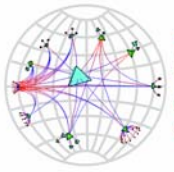
Next Steps:

FOCUS communities are interested in mounting additional FOCUS-wide initiatives such as this. Ideally, future province-wide campaigns should be funded for 2 years - one year for planning and organization and the following year for roll-out and evaluation. This would allow for adequate time to work through the various messaging and planning aspects, reproduction of materials and organization of the various activities and events. It would also allow a more comprehensive uptake of the materials by all FOCUS sites which would enhance both dose of message and reach of materials.

Continuing the momentum already begun, immediate subsequent campaigns should be on the same general topic of alcohol as a risk factor in chronic disease. Topics could include dissemination of the physician's alcohol screening tool and a campaign aimed at the risks of binge drinking, as drinking patterns of alcohol consumption have an important influence on the risk of chronic disease. Many FOCUS Communities were interested in a Youth oriented campaign. FOCUS sites should be encouraged to pursue the alcohol policy work needed in their communities which could address some of the issues related to alcohol and chronic disease prevention. A subsequent FOCUS-wide campaign could also be focussed on seniors addressing alcohol and prescription medications and including the prevention of senior's falls.

Appendices

1. Evaluation Cover letter
2. Evaluation Survey
3. Program Record Form



FOCUS
Resource Centre
Centre de Ressource
de FOCUS

Low Risk Drinking Practices & Chronic Disease Prevention Campaign Evaluation - Letter

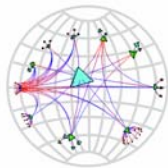
May 2004

For the evaluation of this campaign please send us the following information by **June 7, 2004**.

- 1) A cover letter outlining the activities that your FOCUS coalition took in the month of May on low risk drinking practices and chronic disease prevention. Please include information on continuing or new initiatives you have for 2004/05 based on the campaign materials. The letter could also include a narrative of opportunities and challenges 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) The Campaign Survey attached.

FRC will collate and summarize this information and produce a document which will form part of the Final Project Report for the MOHLTC.

Please call or e-mail us if you have any questions. Thanks Pam



Low Risk Drinking Practices & Chronic Disease Prevention Campaign Evaluation - Survey

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 CDP materials.

Agree Somewhat Agree Disagree

c) I am satisfied with the level of communication concerning the campaign.

Agree Somewhat Agree Disagree

d) I received the materials that were requested.

Agree Somewhat Agree Disagree

Comments:

2. On a scale of 1 to 5, how would you rate the following promotional materials for the campaign? Please check “Not Relevant” for all campaign materials that were not used by your site.

1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent

	1	2	3	4	5	Not Relevant
TV Ads	1	2	3	4	5	
Radio Ads	1	2	3	4	5	
Display Panel	1	2	3	4	5	
Newspaper Ads	1	2	3	4	5	
Bus Back Ad	1	2	3	4	5	
Bus Shelter Ad	1	2	3	4	5	
Billboard	1	2	3	4	5	
Movie Ad	1	2	3	4	5	
Bookmark	1	2	3	4	5	
CAMH brochure	1	2	3	4	5	
CAMH table tent	1	2	3	4	5	
CAMH coaster	1	2	3	4	5	

CDP Campaign Evaluation

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 2 3 4 5

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 2 3 4 5

Comments:

5a. How did your target audience respond to this campaign?

5b. What worked in this campaign?

5c. What didn't work in this campaign?

CDP Campaign Evaluation

6a. Would you be willing to participate in an additional chronic disease and alcohol risk, FOCUS-wide campaign?

Yes

No

6b. If 'no', what would help to support your participation in an additional campaign?

7a. Would you be willing to participate in a FOCUS-wide campaign on a different topic?

Yes

No

7b. If yes, what topic(s) do you suggest?

8. Do you have any additional comments or suggestions?

Thank you for completing this survey.