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CAMPAIGN FOR ALCOHOL- AND DRUG-FREE PREGNANCY

FINAL REPORT

Perinatal Substance Abuse Prevention Project Media Campaign
Department of Alcohol and Drug Programs

Contract # D-0012-9

Submitted by:
Education Programs Associates, Inc.

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THE CAMPAIGN FOR ALCOHOL- AND DRUG-FREE PREGNANCY

Introduction

In an effort to reduce the number of substance-exposed infants born in California, now estimated to be more than 70,000 annually, the State of California Department of Alcohol and Drug Programs (DADP) contracted with Education Programs Associates, Inc.(EPA) to develop, implement, and evaluate a statewide media campaign to educate women of childbearing age about the consequences of alcohol and other drug use during pregnancy and while breastfeeding.

After extensive primary and secondary research, a multi-element public service campaign targeting pregnant women and their support systems was designed and launched on Mother's Day, May 12th 1991, at the Options for Recovery Program in Sacramento with a press conference with Governor Pete Wilson. The Campaign was developed and implemented in three phases that included:

- 1) an assessment of the educational needs of women of childbearing age, and of the existing educational materials and efforts;
- 2) the creation and production of Campaign materials; and,
- 3) the distribution of materials through a community-based network of health and human service providers.

More than five-hundred thousand pieces of printed public education materials were distributed to women of childbearing age during the Campaign, much of it by community coalitions committed to the prevention of perinatal alcohol and drug use. The Campaign public service announcements are estimated to have reached ten million women. Nearly one thousand physicians, midwives and nurses providing prenatal care used Campaign materials to education women about the childbearing risks of alcohol and other drug use.

Campaign activities were evaluated through surveys of the coalitions, organizations, and professionals who participated in distribution efforts, and a final survey of the target populations. A summary of Campaign activities and evaluation follows the recommendations for future public education programs.

Recommendations for Future Campaigns

The Campaign for Alcohol- and Drug-Free Pregnancy enjoyed broad participation from health and human service providers and advocates throughout California. Providing communities with professionally produced materials to incorporate into their own activities, or to be used to organize new public education efforts is an effective strategy. Based on the development, implementation and evaluation experiences of this project , a number of recommendations for future efforts can be made.

- 1) Materials should be available up to three months before the kick-off of a campaign to allow local groups adequate time to plan and accomplish local dissemination. Training and technical assistance, however, should be available to local groups as much as nine months in advance. Ideally, the products that will be available should be known at that time, and samples available for review.
- 2) To the extent that funding permits, materials to be developed and tested expressly for a specific sub-set of an audience, e.g. teens, African-American or mono-lingual Spanish speaking women who are pregnant, a variety of targeted materials should be made available. Even when creative concepts test well with a diverse group of women, gatekeepers such as program staff may only be willing to utilize population-specific materials.
- 3) Women of childbearing age are a diverse group in terms of their use of alcohol or other drugs. Therefore education materials should reflect several perspectives including prevention of inappropriate use in any situation, the prevention of problems due to prenatal alcohol and other drug exposure, and the recovery needs of women.
- 4) Some communities would have preferred a local number on Campaign materials, contending that people will not make multiple calls for referrals. Based on Campaign experience, that flexibility should be provided. Strategies such as the customized printing of labels that "personalize" materials with local information should be employed. This would also be useful in those situation where a number is changed during the course of a project.
- 5) The use of toll-free phone numbers seems to be greatest when providing a direct referral to a needed service versus information. The resource and referral skills of community based organizations vary widely. Appropriate training and support is needed to sustain strong local referral networks.
- 6) Public service time is increasingly difficult to obtain. Without legal mandates to provide it, many television and radio stations are not responsive to requests. Additionally, because of the demand, many stations require three to four months notice to put a spot "into rotation". This results in the need for additional planning time. Whenever funding permits, paid or otherwise guaranteed placement should be considered.
- 7) A need for materials to educate the general public about the disease model of chemical dependency, pre-pregnancy counseling including alcohol and drug issues, and, the care of substance-affected infants exists.
- 8) The development of a perinatal alcohol and drug use style sheet is needed to provide guidelines for accuracy, consistency, and sensitivity on the issues associated with perinatal alcohol and drug use. These standards should be disseminated to health and human service providers for their use when developing client and/or public education materials and programs. Information on possible ways to incorporate such messages into other health education efforts should also be included.

SUMMARY OF CAMPAIGN ACTIVITIES

Needs Assessment

The assessment of the educational needs of California's women of childbearing age and the previous efforts to address those needs was accomplished through both primary and secondary research methods. Primary research included a process of extensive professional, community and target audience input. Secondary research included reviews of existing health education materials, related public education efforts, the current literature on such topics as the health consequences of perinatal substance use and effective educational approaches with potential target audiences.

Review of Existing Educational Materials, Previous Campaigns and the Current Literature

A review of existing educational materials, previous educational campaigns, and the current literature was undertaken. Existing educational materials were evaluated for their suitability for inclusion in the Campaign on criteria that reflected the educational needs of California women of childbearing age.

Previous campaigns were examined to ascertain the relative effectiveness of various educational approaches with the target population. The review of the current literature included topics such as the consequences of perinatal substance use for both women and infants, effective approaches to prevention, and the use of media in health education.

Of the educational materials reviewed during the Campaign period, very few met the established criteria for content accuracy and adequacy, reading level and readability, cost and appropriateness for use with California's multi-cultural population. Even those meeting the basic criteria had limitations to their content, layout, graphics, etc. that should be considered prior to use with some groups of women. Based on the limitations of existing materials, the recommended strategy for the Campaign included production of new client education materials.

During the Campaign, the Center for Health Education Resources (CHER) at EPA has continued its search for, and evaluation of new educational materials on this subject. The attached *Revised Evaluation of Existing Educational Materials* summarizes the findings, recommends select client education materials, and lists new sources of information identified since the initiation of this project.

Professional Input

In order to consider the perspectives of a diverse group of health and human service professionals, including obstetric and pediatric health care providers, drug and alcohol treatment professionals, and the prevention community, and guarantee input from a racially/ethnically and regionally representative group, several avenues for dialogue were pursued.

A *Technical Consultant Panel (TCP)* of five perinatal substance abuse experts was convened to make preliminary recommendations on the content and target audience for the Campaign. They were also integral to the planning for the Baseline Survey with the prospective target audiences.

Input was sought from the *Select Committee on Perinatal Substance Abuse*, that had originally identified the need for a public education effort in their 1988 report.

Seventeen *Expert Interviews* were conducted to obtain additional thought on the choice of Campaign messages, priority target audience, and suggestions for the distribution of the materials to be produced.

The statewide *Campaign Advisory Committee (CAC)* of twenty-two professionals representative of diverse communities was formed and met three times during the Campaign to review research findings and respond to creative development.

A *Community Survey* was circulated to perinatal substance abuse coalitions, county drug and alcohol and maternal and child health staff, and local Healthy Mothers, Healthy Babies Coalitions through the first issue of the Campaign newsletter, MEDIA ALERT. Seventy-two local service providers and coalitions responded. The availability of client education materials, current public education efforts, and suggestions for developing local Campaign efforts were explored.

Once creative development was in process, all advisors and 80 professionals from around the state served as test audiences for the public service announcement concepts.

The *Expert Interviews Summary* is included in the appendices as it provides a thorough overview of the ideas and concerns raised through these activities.

Target Audience Research

The most significant source of information in the Campaign development was input from the members of the potential target audiences. Two surveys and two rounds of focus groups were conducted with women of childbearing age.

The *Baseline Survey*, conducted by URSA Institute, was conducted both by phone and through prenatal clinics to determine the current knowledge, attitudes and behaviors (KAB) of pregnant and parenting women between the ages of 18 - 44. The survey tool was also administered to the Focus Group participants.

Eight *Focus Groups* were held to determine the KAB of pregnant and parenting women in prenatal care and drug and alcohol treatment settings. These facilitated discussions were also used to identify sources of information for women, their perceptions of ways to motivate women to discontinue use, and to gauge their reactions to different media approaches to prenatal education.

While the results indicated that women in all samples had a general understanding of the risks of alcohol and other drug use in pregnancy, myths persisted about some "safe level" of use, especially with alcohol. Interestingly, these misconceptions seemed to be more prevalent with older, white non-Hispanic women of higher income levels than the mean. The younger, ethnically-diverse women receiving prenatal care in clinics demonstrated a higher level of knowledge about the consequences of perinatal drug use, less personal use, and more behavior change during pregnancy. Because the clinics participating in the survey provide multi-disciplinary prenatal care including extensive health education efforts, it was

inferred that such counseling is successful in impacting the knowledge and behaviors of pregnant women.

The results of the formative research led to the development of a creative strategy. The resulting concepts for the radio and television public service announcements were then tested in an additional round of focus groups with the target audience and health and human service professionals. Testing with professionals was required because they serve as the gatekeepers for health education materials, without their acceptance of the materials distribution to the target audience would not have been possible.

Production of Campaign Materials

The *Creative Strategy* defined the primary target audience for the Campaign, key messages, and the "mix" of materials to be produced. Focusing on women who were currently pregnant and their support systems (family and friends).

The core message reiterated the Surgeon General's conclusion that no level of alcohol or drug use in pregnancy is considered safe. Women were encouraged to question information to the contrary, become informed, and to err on the side of caution.

Secondary messages suggested healthy activities that could be substituted for any alcohol or drug use and emphasized the importance of support from a pregnant woman's partner for her choice to avoid all alcohol and other drugs.

Campaign materials produced included television and radio public service announcements, a toll-free phone line, and a variety of printed educational materials including information "scratch cards," brochures, tent cards, news ads, and a poster with the message "I want to give my baby the best start in life".

Three Public Service Announcements were produced for television, including one in Spanish and two in English. The Spanish television spot and one of the English spots were also adapted for radio. An additional spot, targeting fathers was produced for radio. See the enclosed *Creative Strategy* for specifics.

The *Interactive Audio Brochure (IAB)*, a toll-free phone line with computerized options for information, was publicized as a "tag" on public service announcements, listed on appointment reminder cards, and contained in print ads. See attached *Interactive Audio Brochure: Text, Structure and Referral Network*.

A client education brochure, "*Why take any chances?*" was produced in both English and Spanish for the Campaign for Alcohol- and Drug- Free Pregnancy. However, the brochure's initial distribution was limited to the agencies who participated in the toll-free phone network. Because brochures are best utilized when an individual requests specific information, they were mailed to callers seeking specific information including service referrals. Because of the demand for the brochures by service providers, photo-reproducible (or camera-ready) copies of the brochure were produced for distribution by DADP.

For general distribution, a more novel approach was taken, one designed to have the target audience interact with the educational tool. *Scratch cards*, similar to a lottery card, were

developed that displayed true or false questions addressing common misconceptions about perinatal alcohol and drug use. To discover the correct answer, the reader would scratch off the metallic coating.

These were originally produced only in English, as English-speaking women were the primary target audience. However, early evaluation efforts showed a wide-spread interest in a Spanish version to use in prevention efforts, and two-hundred thousand cards were printed for distribution in December 1991.

Throughout the Campaign a newsletter, *MEDIA ALERT* was produced and distributed to perinatal substance abuse prevention coalitions, drug and alcohol treatment and maternal and child health care providers. This allowed interested parties throughout California to remain informed about the Campaign's development, its launch, the availability of educational materials, and evaluation. The final mailing list (hard copy and computer disks enclosed) contains approximately 1,900 health and human service professionals in California, and has been submitted to DADP.

Distribution of Campaign Materials

The distribution of Campaign print materials occurred through Local Campaign Committees and prenatal health care providers around the state. The electronic media was distributed by Regional Broadcast Committees with technical assistance from Pacificon, a public service media firm. Additionally, the agencies participating in the toll-free phone network distributed Campaign brochures to their callers.

The total numbers of Campaign print products distributed were:

Scratch Cards, English	382,440
Scratch Cards, Spanish	72,510
Appointment Cards	39,358
Posters	9,061
Tent Cards	9,493
Print Ads	1,055
Provider Kits	1,066

Local Campaign Committees

Mother's Day marked the beginning of National Alcohol and Drug Related Birth Defects Awareness Week, and the onset of most other local public education efforts. Much of the distribution of Campaign materials was achieved through the efforts of a network of community-based perinatal substance abuse coalitions and health and human service providers. Organized into local campaign committees (see enclosed listing of Coordinators), forty-six of California's counties developed a community-specific plan for using the Campaign products at health fairs for Cinco de Mayo, in coordination with public education efforts tied to Mother's Day and National Alcohol and other Drug-Related Birth Defects Awareness Week, and through the various health and social service programs serving women and children.

Strategically, this local expression of a statewide effort provided a backdrop for activities highlighting the concerns and solutions of individual communities, rallied support for the Campaign, and invited local media participation.

Regional trainings were held to organize and prepare local campaign committees. The training provided an overview of the Campaign development, strategies for working with the media, and provided an opportunity for local planning to begin. See enclosed *Media Workshop Kit*

Additional meetings and technical assistance were provided to *Regional Media Committees* who took responsibility for approaching television and radio stations for public service air time.

Sixty-two percent (n=35) of the television stations in California and sixty percent (n=152) of the radio stations in California agreed to air the Campaign public service announcements. It is estimated that ten million women of childbearing age were exposed to the messages on 5-6 occasions.

During that same period, a toll-free phone line, the IAB, provided additional information on perinatal alcohol and other drug use to 842 callers statewide, leading to 153 referrals to local prenatal care and treatment programs. Agencies participating in the network of local referral numbers also received training to respond to a range of requests, and to facilitate cross-referrals between health and human service agencies serving English and Spanish-speaking families.

Health Care Provider Efforts

In addition to identified Local Campaign Committees, Provider Kits were prepared for midwives, physicians and nurse practitioners providing prenatal care. These kits included professional resources such as sample screening tools for identifying perinatal alcohol and drug use, policy statements of national organizations, etc. as well as a supply of client education materials. Three hundred and ninety one prenatal care providers ordered Provider Kits for use around Mother's Day.

The Provider Education Kit was re-released to an additional 675 health care providers during EPA's OB-GYN Update, a semi-annual continuing education conference for midwives, nurses and practitioners in September 1991.

Evaluation Results

The formal evaluation of Campaign activities included:

- 1 Analysis of the calls received by the toll-free line;
- 2 Satisfaction surveys with Local Campaign Committees, toll-free number referral network, and health care providers ordering materials; and,
- 3 Surveys of the target population by both phone and self-administered surveys with the target audience to determine message exposure and recall.

These findings have been previously submitted in their entirety; some key findings of the evaluation activities include:

- 1) The calls to the toll-free phone line were greatest on Mother's Day when the Governor's press conference generated statewide media coverage.
- 2) The agencies participating in the 800-number referral network did not experience a significant increase in the number of calls received over the Campaign period, but did distribute the brochure, "*Why take any chances?*", through their usual outreach activities.
- 3) Survey of the Local Campaign Committees indicated a strong interest in continuing to conduct community-based educational activities. The funding of local coalitions, and the availability of high-quality, low-cost materials are needed if such efforts are to continue.
- 4) Obstetricians and midwives expressed a continued need for both client and professional education materials. Interestingly, the DADP information about treatment resources was rated as most useful by the majority of respondents. A self-administered screening questionnaire was identified as an unmet need.
- 5) The statewide phone survey of women of childbearing age determined that 79% of respondents stated they had heard media messages on perinatal alcohol and drug use during the Campaign period. Forty recalled the Campaign slogan compared to an expected twenty-five percent.
- 6) Client survey at prenatal care and service sites to test message exposure, recall and intended behavior found that only 3.3% of women receiving prenatal care had not made any changes in their health behaviors since becoming pregnant. While this change cannot be tied to any specific educational intervention, it speaks highly of the receptivity of these women to information and behavior change.
- 7) Follow-up with media outlets, both radio and television to determine the amount and nature of airtime received reiterated the barriers to obtaining public service time.

Throughout the Campaign, activities were undertaken to develop new funding sources for a continuation of this public education effort. The results of this *Private Sector Solicitation* has been previously reported.