Objectives and Activities

1. By June 30, 2008, DHSS will improve distribution and dissemination system in place to support campaign implementation.
   a. Distribution system
      i. DHSS staff will evaluate volume of orders, timeliness of filling orders, and problems. (1/31/08—DHSS)
      ii. DHSS will correct problems and work with warehouse staff to decrease response time to filling orders if delays have occurred. (ongoing—DHSS)
   b. Dissemination strategies
      i. Will establish web site for public
         1. Core items with recommended site links (1/31/08—Hughes)
         2. Expanded items (6/30/08—Hughes)
      ii. New Years execution strategy for use by Kansas City and Alliance Partners (1/4/08—Hughes)
      iii. Execution strategies for faith based organizations (4/1/08—Hughes)
      iv. Execution strategies for public health organizations (6/30/08—DHSS)
      v. Campaign execution strategies for agencies in state offering Chronic Disease Self-Management Course (9/30/08—Hughes and DHSS)
      vi. Regional spoke person plan—resource packet (6/30/08—Hughes)
      vii. Execution strategies for large corporations (6/30/08—Hughes and DHSS)
      viii. Alliance partner resources (4/1/08—DHSS)
         1. Expanded series of newsletter articles and news releases
         2. New print ads
         3. Ideas for health calendar
         4. Promote and recruit new partners (3/1/08—DHSS, first wave, ongoing)

2. By June 30, 2008, DHSS will expand materials available to meet needs of priority population segments.

   Printed materials
   To include some materials with "loss-frame" message strategy
   Expand message options for health screening recommendation

   a. Population segments defined and selected:
      i. urban,
      ii. rural,
      iii. women
      iv. younger adults, age 45-55
      v. Hispanics
vi. Those with hypertension or high cholesterol levels
vii. Those with diabetes
viii. Those with chronic diseases

b. New posters for i-v (1/1/08-Hughes)

c. New message cards for i-v (1/15/08-DHSS)

d. New fact sheet, poster, message cards and execution strategies for those with any chronic disease and those with hypertension, high blood pressure and diabetes. (6/30/08-Hughes & DHSS)

e. Promotional materials for Chronic Disease Self-Management Course (6/30/08—Hughes & DHSS)

3. By September 30, 2008 and January 2009, DHSS will evaluate reach and effectiveness of campaign compared to baseline data (November 2007).

a. Baseline data collected (11/07) and analyzed (3/08)

b. Follow-up data collected (6/08), analyzed and reported (9/08)

c. Second follow-up collected (11-12/08), analyzed and reported (3/08)

d. Determine feasibility of maintaining core questions in BRFSS (9/08)

4. By September 30, 2008, DHSS will have mechanism in place to track, support and evaluate community campaign implementation.

a. Conduct and evaluate Kansas City focused campaign through range of communication channels to reach priority populations (first phase 1/4/08-2/29/08, with second 12 month phase contingent on success of first phase). Hughes will coordinate with DHSS and Health Care Foundation of Greater Kansas City.

b. Design approaches to replicate community based campaigns for different sizes of communities (6/29/08—Hughes and DHSS)

5. By September 30, 2008, Live Well Message Alliance will complete strategic plan for 2009 campaign efforts and secure funding support.

**Target Population**

Adults, 45 years of age and older, that are at risk for chronic diseases or that have one or more chronic diseases.
Campaign design principles

- Campaign will focus on healthy behaviors for all Missourians and not isolate or create a negative attitude regarding those that may be overweight, obese, or have a chronic disease.
- Implementation methods will unify multiple program efforts to complement each other and coordinate message delivery.
- Messages will be evidence-based, relevant to target audiences, simple and understandable, avoid or dispel common myths, clearly describe action desired and link with overarching themes.
- Campaign efforts are designed to complement existing program and services and not require additional personnel to implement.

Management

A project specialist and program personnel in the Section of Chronic Disease Prevention and Nutrition Services will manage the campaigns. Significant support is provided through state contract with Hughes, Inc., the state media/public relations firm based in St. Louis. Their areas of expertise include:

- Brand positioning & planning
- Channel intelligence
- Creative development
- Graphic design
- Interactive marketing
- Media strategy, planning, buying, tracking and analysis
- Non-traditional advertising (ambient and created media)
- Public relations
- Traditional advertising (print, radio, TV)
- Web site design & development
- Word-of-mouth marketing

Hughes sub-contracts with the University of Missouri, Missouri School of Journalism to conduct telephone surveys of target audience, analyze results, provide evaluation feedback and campaign consultation

Desired Outcomes for 2008

- At least 20 partners implement campaign
- At least one community focused campaign implemented
- Improved distribution and expanded dissemination system
- Increased recognition of messages among target audience
- Plan to improve and ability to sustain through 2010