

**EVALUATION PROFILE FOR**  
**Implementing**  
**an Overdose**  
**Communication**  
**Campaign**

**OVERDOSE**  
**DATA2ACTION**



**Centers for Disease  
Control and Prevention**  
National Center for Injury  
Prevention and Control

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# Purpose of the Evaluation Profile

**This evaluation profile  
PROVIDES GUIDANCE  
on how to evaluate  
the implementation  
of an overdose  
communication  
campaign.**

This resource is meant to demonstrate how to conduct evaluations, in many cases using existing programmatic data, to produce actionable and timely findings. These findings will be used to inform program managers and stakeholders about how well initiatives are being implemented, and how effective they are at bringing about desired outcomes. This profile provides guidance on the types of evaluation questions, indicators, data sources, and data collection methods that can be used to evaluate the implementation of an overdose communication campaign.

## EVALUATION CONSIDERATIONS

CDC funded entities<sup>1</sup> should tailor their evaluations to stakeholders' needs and the stage of development for each activity. Evaluations should serve programmatic needs to ensure high quality initiatives are developed, reach program goals, and are tested for effectiveness.

The evolving nature of drug overdoses requires that programs strategically pivot to address emerging needs. Evaluators should remain vigilant to changing needs and look for ways to provide practical and actionable information to program implementers and decision makers.<sup>2</sup> Decisions surrounding the level of rigor needed for a given evaluation should be weighed and balanced by the evaluation standards of utility, feasibility, propriety, and accuracy.<sup>3</sup> Examples are provided throughout the profiles to show where less rigorous, but potentially more accessible, data (e.g., discussions with stakeholders, program recipient logs, meeting notes) may be useful in evaluations.

## CONTENT ORGANIZATION

The following items are included:

### 1. Evaluation Profile

The profile is organized by process and outcome evaluation subcategories to demonstrate aspects that stakeholders may want to explore at various stages of an initiative's life cycle. Evaluations often touch upon multiple subcategories; therefore, a glossary is included to provide detailed information on each subcategory.

### 2. Description and Logic Model

The description highlights core components of each activity, and the logic model shows expected outputs and outcomes. These may help implementers and evaluators see how their own activities or initiatives may be similar or differ from the ones presented.



# Implementation of an Overdose Communication Campaign

**Overdose communication campaigns can focus on RAISING AWARENESS AND EDUCATING THE PUBLIC about the drug overdose epidemic, including prescription drug misuse and illicit drug use, and REDUCING STIGMA associated with opioid use disorder (OUD).**

Health communication campaigns apply integrated strategies to deliver messages that influence health behaviors through various channels, including mass media, print, digital, and social media, or a combination of these platforms.<sup>DEFG</sup> Campaigns coordinate media efforts with a mix of other interpersonal community-based channels to maximize their chances of success.<sup>ABCHIL</sup> Key components are outlined in the following pages, with a logic model specifically focusing on steps two and three, given the focus here on implementation. Considering the varying nature of needs and expertise related to communication campaigns, the point at which organizations choose to start in the process described below may differ. Some steps noted below may also occur simultaneously.

# Key components of overdose prevention health communication campaigns may include:

## 1. Develop and Pretest Campaign Concepts and Materials

- Clarify purpose and objectives of campaign
  - i. Identify the overall goal and think about outcomes stemming from this goal.<sup>4</sup> Goals can include:
    - Reach and Awareness: Measures how many people in your intended audience(s) will learn about your product and/or message
    - Understanding and Utilization: Measures how well your intended audience(s) understand and use your product and/or message
    - Behavior Change: Measures how many people in your intended audience(s) will change their thinking or actions as a result of your product and/or message
  - ii. Determine if communication consultants should be hired to assist with campaign development and implementation
  - iii. Determine which part of the overall goal could be met by a health communication campaign
  - iv. Describe the impact (or objectives) you expect to achieve through the campaign (e.g., number of people who saw your product, number of people who read your product, number of people who responded to your call(s) to action) and integrate these into a campaign plan
  - v. Consider which, if any, additional activities/tools can reinforce the campaign (e.g., integrating campaign with complementary overdose prevention initiatives and campaign support/outreach tools, such as factsheets, clinician tools, patient/public awareness tools)
- Identify and prioritize intended audience(s) of the campaign
  - i. Identify the group to whom you want to communicate your message
  - ii. Consider identifying subgroups for tailored messaging
  - iii. Learn as much as possible about the intended audience(s), including information about knowledge, attitudes, beliefs, current actions, and social and physical environment
- Determine key messaging, imagery, and call(s) to action
  - i. Conduct an environmental scan to identify other campaigns, messages, and content influencing your intended audience(s)
  - ii. Identify messages that fit with the communication campaign goal and the intended audience(s)
  - iii. Consider which imagery, emotions, tones, and actions are important to reflect in your messaging
  - iv. Identify appropriate language and potential call(s) to action
- Select communication channels and formats
  - i. Identify channels and sources that are considered credible and influential by the intended audience(s) (e.g., TV, radio, billboards, PSAs, social media)
  - ii. Consider the best formats (e.g., digital, out-of-home, etc.) to reach the audience(s), and prepare messages accordingly
  - iii. Place media buys (i.e., pay for media time and space)
- Pretest and revise messages and materials effectively
  - i. Select pretesting methods that fit the campaign's budget and timeline
  - ii. Pretest messages and materials with people who share the attributes of the intended audience(s)
  - iii. Revise messages and materials based upon pretesting findings

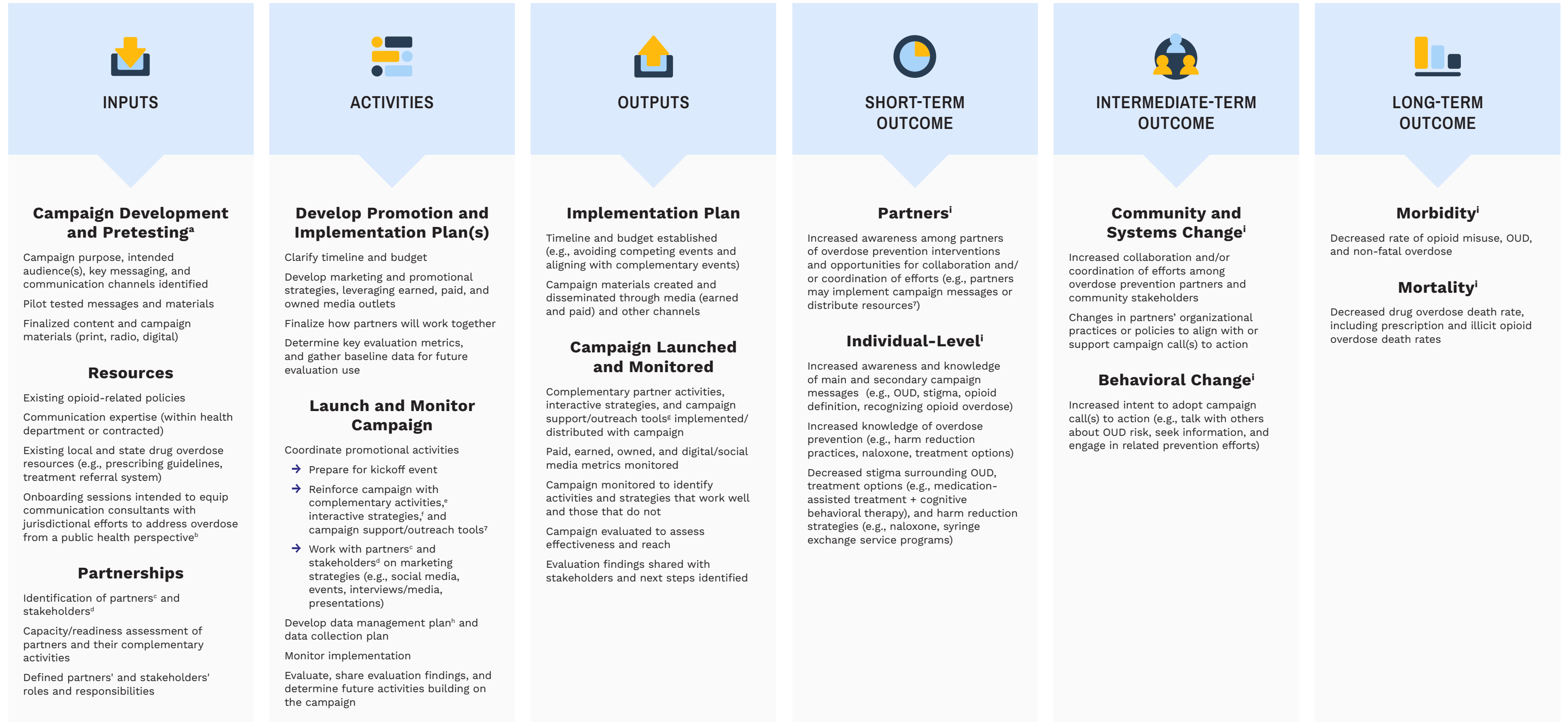
- Identify partners and stakeholders
  - i. Conduct a capacity/readiness assessment of partners and their complementary activities
  - ii. Define partners' and stakeholders' roles and responsibilities

## 2. Develop Promotion and Implementation Plan(s)

- Develop an implementation plan based on intended audience(s), timeline, budget, resources, interactive strategies to reinforce campaign,<sup>5</sup> etc.
  - i. Develop social marketing and promotional strategies to reach your audience(s), leveraging paid, earned, and owned media outlets
  - ii. Consider timing (e.g., around Substance Abuse and Mental Health Services Administration's (SAMHSA) National Prevention Week or around National Overdose Awareness Day), and develop a budget and timeline for campaign implementation
  - iii. Outline how partners will work together, including integration of complementary activities
  - iv. Determine key evaluation metrics (e.g., social media and web metrics like the number of downloads and dissemination metrics; tracking and surveillance of overdose prevention practices; number of page views; prescribing data and piloting), and gather baseline data for future evaluation use

## 3. Launch and Monitor Campaign

- Coordinate promotional activities
  - i. Plan campaign launch, and consider kickoff/media event
  - ii. Reinforce campaign with complementary activities (e.g., naloxone distribution, academic detailing, harm reduction outreach), interactive strategies,<sup>6</sup> and campaign support/outreach tools (e.g., factsheets, clinician tools, patient/public awareness tools)
  - iii. Work with partners and stakeholders<sup>6</sup> on marketing strategies (e.g., social media, events, interviews/media, presentations, campaign-branded giveaways)
- Develop a data management plan<sup>7</sup> and data collection plan
- Monitor implementation, conduct risk mitigation/problem-solving as needed
- Evaluate, share evaluation findings, and determine future activities building on the campaign



a While these are important steps, the focus of this logic model is on the implementation of the campaign.

b Onboarding sessions can cover topics, such as: the state's vision and role on the epidemic; state surveillance efforts and data; existing health education and materials/messages; strategies and activities to address the overdose epidemic; local engagement efforts; and media engagement and communication.

c Partners can include state and local health departments, community members, community-based organizations, universities, and contractors.

d Stakeholders can include: influencers and those who deliver your messages; clinicians (physicians and other medical professionals); pharmacists; public health authorities; people at risk of an overdose; friends/family of those impacted by overdose; legislators; the public; law enforcement; emergency personnel; first responders; community naloxone distribution programs; and opioid use prevention/harm reduction coalitions.

e Complementary activities can include: naloxone distribution, academic detailing, and harm reduction outreach.

f Interactive strategies can include: mobile apps, content syndication, widgets, microsites, and trainings.

g Campaign support/outreach tools are meant to be distributed with the campaign, and can include: fact sheets, patient handouts, provider tools, and patient awareness tools.

h CDC requires recipients who collect or generate data with federal funds to develop, submit, and comply with a data management plan (DMP) for each collection or generation of public health data undertaken as part of the award and, to the extent appropriate, provide access to and archiving/long-term preservation of collected or generated data. For more information please see [CDC's DMP policy](#).

i Outcomes should be further tailored to your campaign goals and audience(s). Please consult your evaluation officer for additional resources.





# Process Evaluations

**Process evaluations DOCUMENT AND DESCRIBE HOW A PROGRAM IS IMPLEMENTED. They normally occur when programs or initiatives are early in their development and are based on stakeholders' needs.<sup>K</sup>**

# Context

## Evaluation Question

What factors influence the implementation of overdose prevention health communication campaigns in your jurisdiction?

## Sample Indicators

### Campaign Development and Pretesting with Intended Audience(s)

- Description of the problem in your state and/or jurisdiction (e.g., scope and magnitude of current overdose and drug use) and populations at greatest risk of abuse and overdose to determine intended audience(s)
- Description of intended audience's perceptions and sentiments towards addiction and overdose and the level of awareness about the risk of opioid use disorder and overdose
- Description of factors that influence audience's behaviors related to opioids and other drug use, misuse, and avoidance
- Description of audience's information preferences and needs related to overdose prevention
- Description of audience's preferred formats to receive information on this topic
- Description of audience's trusted sources for health information and guidance
- Description of best times to reach the intended audience's
- Description of proposed concepts, messages, and materials that resonate with intended audience's and whether it motivates them to have a discussion with others about risks of illicit drug use and prescription drug misuse (e.g., perceptions of, emotional responses to, relevancy of, and clarity and comprehension of messages and concepts)
- Description of competing messages from other campaigns and possible alignment with other campaign messaging

### Campaign

- Description of the current landscape of communication efforts to address the problem (e.g., existing overdose prevention communication campaigns)
- Description of challenges and successes associated with the implementation of past or current overdose prevention campaigns
- Description of campaign goals
- Description of best practices for creative execution of communication campaigns (e.g., formative research to inform decisions about audience[s], messaging, and channels)

## DATA SOURCES

- Existing public health programmatic information and data sources (e.g., HealthData.gov, Community Health Status Indicators, National Survey on Drug Use and Health, Data.gov)
- Existing media data sources (e.g., Nielsen, Pew Research Center, Gallup)
- Peer-reviewed literature searches in available databases (e.g., PubMed and EBSCO)
- Jurisdictional policies
- Past or current overdose prevention campaigns
- Stakeholders (e.g., partners, intended audience[s])
- Existing [health communication research](#) and best practices

## DATA COLLECTION METHODS

- Environmental scan
- Literature review
- Document review
- Social media assessment
- Series of focus groups and in-depth interviews with intended audience(s)
- Intercept, phone, or online surveys with intended audience(s)<sup>8</sup>
- Stakeholder engagement (e.g., informal conversation)

- Description of available advertising and promotional communication channels (e.g., TV, radio, billboards, PSAs, social media) that are considered credible and influential by the intended audience(s) and approximate reach of each channel
- Description of finalized messages and potential communication channels

### Partnerships

- Description of potential partners and services offered (e.g., naloxone distribution, harm reduction services, academic detailing)
- Description of partner capacity/readiness to collaborate
- Description of partners' complementary activities
- Partnership plan, including timeline, budget, and clearly delineated partner roles and responsibilities (e.g., supplemental publicity, promotion, and distribution of materials, integration of complementary activities)

### Resources

- Description of laws and policies relevant to overdose and drug use in jurisdictions
- Description of existing health communication expertise in health departments (HD)

- Description of national and jurisdictional overdose resources (e.g., existing overdose prevention communication campaigns, prescribing guidelines, treatment and recovery efforts, clinician education, overdose education and naloxone distribution, SAMHSA and CDC campaign resources) and how these resources will be complementary to the campaign
- Description of the type of support tools/ outreach tools needed to assist with campaign implementation (e.g., fact sheets, clinician tools, patient/public awareness tools)
- Description and number of onboarding sessions intended to equip media contractors with state's knowledge, resources, and tools that can enhance their capacity to effectively deliver campaign activities and address the overdose epidemic from a public health perspective (e.g., the state's vision and role on the epidemic, state surveillance efforts and data, existing health education and materials/messages, strategies and activities to address the epidemic, local engagement efforts, and media engagement and communication)
- Amount of funding to implement the campaign (e.g., cost break down of specific items: health communication personnel, contractor positions, placing media buys, in-kind staffing time at partner agencies)

## SURVEYS CAN BE USED TO ASSESS KNOWLEDGE, ATTITUDES, OR INTENTIONS

Surveys can be conducted online, by phone, or in-person (intercept).

Survey Monkey's [Writing Good Survey Questions page](#) is a useful resource for developing surveys. Conducting baseline data collection for media campaigns can be difficult due to both timing and cost. Fortunately, there are various ways to conduct surveys for media campaigns.

Phone surveys can provide a cost-effective way to gather data about a media campaign from a specific population of interest. Phone surveys can be beneficial if having an interviewer is important, such as sampling among a low literacy population. In general, phone surveys are more expensive than internet because they require trained data collectors to call respondents and deliver the survey over the phone.

Online surveys can provide quantitative data about a media campaign. Participants complete a questionnaire online over the Internet. Online surveys can be cost and time efficient. An online survey can include and collect feedback on both audio and visual campaign materials.

Intercept surveys can provide a cost-effective way to gather quantitative data about a media campaign, where data collectors stop a random selection of people in a group to survey them about a campaign or product. This could happen on a street corner, at an event, at a restaurant, etc.

More specifically, the retrospective post-then-pre approach has emerged as a reliable and cost-effective way to collect data about awareness, knowledge, and intentions after exposure to an intervention and before. This may be a useful way to measure the impact of the campaign. This approach asks respondents to first report on awareness, knowledge, attitudes, and/or intentions after seeing or hearing campaign ads (post). Then, respondents report their perceived awareness, knowledge, attitudes, and/or intentions before seeing or hearing the campaign ads. Additionally, surveys for media campaigns generally capture information from a sample of people from the intended audience(s)/subset of the intended audience(s). Links to surveys can also be shared on social media pages (e.g., Facebook, Twitter).

# Reach

## Evaluation Question

To what extent has your communication campaign reached the intended audience(s)?

## Sample Indicators

### Launch and Monitor Campaign

- Number and percentage of jurisdictions/communities where the campaign was implemented (e.g., names of towns/counties/regions of jurisdiction) compared to the total number of targeted jurisdictions/communities within your area
- Number of local events held and number of people present at events (e.g., kick-off event, local community events)
- Number of presentations and number of audience(s) members
- Number of advertising placements/media buys (e.g., paid, earned, owned media)
- Number of impressions related to the media buys by type and engagement metrics<sup>9</sup>
- Number of times the campaign is mentioned in the mass media or on the internet
- Description of the types of publications and their circulation, including whether they are read by the intended audience(s)
- Number of posts, tweets, and number of followers for each of these channels (e.g., followers of twitter user, blog poster)
- Number of campaign materials/products distributed (e.g., campaign posters, brochures, campaign-branded giveaways)
- Number and description of type of campaign support tools/ outreach tools distributed with campaign implementation (e.g., factsheets, clinician tools, patient/public awareness tools)
- Number of partners that shared/promoted campaign messages and materials and/or integrated complementary activities

## DATA SOURCES

- Administrative data
- Online data sources (e.g., Google Analytics, Webtrends)
- Past or current overdose prevention campaigns
- Stakeholders (e.g., partners, intended audience[s])

## DATA COLLECTION METHODS

- Scan of administrative data
- Analysis of social media/ web metrics
- Stakeholder engagement (e.g., formal or informal conversations)

# Dose Delivered or Received

## Evaluation Question

To what extent has each component of your communication campaign been delivered and received by the intended audience(s)?

## Sample Indicators

### Campaign Launched and Monitored<sup>10</sup>

- Number of hits, views, likes, shares, retweets, and other engagement metrics<sup>9</sup>
- Number of health department/partner website views (e.g., frequency; visits per unique user; page views per visit; percent of visits that complete a specific action on the website; new vs. returning unique visitors; time spent on the website; click-through rate; number of downloads of videos/number of completed video views)
- Description of partner organizations' contact with intended audience(s)
- Number of users per interactive strategy (e.g., mobile apps, content syndication, widgets, microsites, trainings)

## DATA SOURCES

- Administrative data
- Online data sources (e.g., Google Analytics, Webtrends)
- Stakeholders (e.g., partners, intended audience[s])
- Internal staff

## DATA COLLECTION METHODS

- Scan of administrative data
- Informal or formal interviews with partners and other stakeholders
- Routine internal team meeting notes

# Fidelity

There may be circumstances in which strict fidelity to the original plan may actually work against an intended outcome. In this case, adaptation is necessary and expected. Tracking fidelity and purposeful/ data-informed deviations is important to understand implementation; however, strict fidelity should not supersede necessary adaptations that will facilitate outcomes.

## Evaluation Questions

**To what extent was your communication campaign implemented as originally planned?**

**If the campaign was adapted or revised, why was this needed?**

## Sample Indicators

### Overall

- Descriptions of planned vs. implemented communication activities
- Description of adaptations made to campaign implementation, including an explanation for adaptations (e.g., lack of staff or resources, data access, unwillingness of partners, stigma, unintended consequences of campaign)

## DATA SOURCES

- Administrative data
- Online data sources (e.g., Google Analytics, Webtrends)
- Stakeholders (e.g., partners, intended audience[s])
- Internal staff

## DATA COLLECTION METHODS

- Scan of administrative data
- Informal or formal interviews with partners and other stakeholders
- Routine internal team meeting notes

# Implementation

## Evaluation Questions

How feasible was it to implement the campaign in your jurisdiction?

How well was the campaign implemented in your jurisdiction?

To what extent was the intended audience(s) receptive to your campaign?

What implementation lessons were learned?

## Sample Indicators

### Overall

- Description of feasibility in terms of timeline, resources (e.g., budget), partnerships to implement complementary activities, media buys, social media engagement, staff capacity, and campaign monitoring
- Description of receptivity to the campaign (e.g., partner and intended audience[s] perceptions)
- Percentage of intended audience(s) who had a positive reaction to the campaign
- Description of implementation lessons learned
- Description of barriers and facilitators to campaign implementation

### Develop an Implementation Plan

- Description of the quality of advertising and promotional strategies<sup>11</sup>
- Number of partners engaged and committed

### Launch and Monitor the Campaign

- Description of the quality of campaign<sup>11</sup>
- Description of the type and quality of advertising placements/media buys<sup>8</sup> (e.g., paid, earned, and social media)
- Description of the uptake and quality of interactive strategies integrated with campaign implementation
- Percentage of intended audience(s) that has noticed campaign and can recall (unaided) or recognize (aided) its message
- Number and percentage of individuals that were (or were not) referred to specific partner services
- Number and description of complementary activities implemented

## DATA SOURCES

- Administrative data (e.g., issue logs, meeting minutes)
- Stakeholders (e.g., partners, intended audience[s])
- Internal staff
- Online data sources (e.g., Google Analytics, Webtrends)
- Survey measures (e.g., percentage of survey respondents who indicated a positive reaction to the campaign, a positive reaction to the campaign's interactive activities, or that the campaign was of high quality)

## DATA COLLECTION METHODS

- Informal discussion or interviews with stakeholders and internal staff
- Scan of administrative data
- Routine internal team meeting notes
- Pre-post or retrospective pre-post survey of intended audience(s)<sup>8</sup>

# Individual-Level Change Outcomes<sup>12</sup>

## Evaluation Question

Did the campaign contribute to an improvement in individual-level outcomes for the intended audience(s)?

## Sample Indicators

### Short-Term

- Partners
  - Changes in awareness of partner organization services via complementary activities and opportunities for collaboration and/or coordination of efforts (e.g., partners' role in helping to implement campaign call(s) to action, specifically for referrals to specific services/resources and partners' collaborating to develop/disseminate campaign support tools with campaign implementation)
- Individual-Level
  - Changes in awareness and knowledge of main and secondary campaign messages (e.g., OUD, stigma, opioid definitions)
  - Changes in knowledge of overdose prevention (e.g., naloxone, harm reduction practices, treatment options)
  - Changes in attitudes towards OUD, treatment options (medication-assisted treatment + behavioral therapies for opioid use disorder), and harm reduction strategies (e.g., naloxone, syringe exchange service programs)
  - Changes in number and percentage of individuals that followed-up on the campaign's call(s) to action

### Intermediate-Term

- Individual-Level
  - Changes in intentions to adopt campaign call(s) to action (e.g., seeking information about opioid use and opioid overdose risk; talking with others about opioid use and opioid overdose risk; seeking relevant prevention, treatment, and recovery resources; and seeking appropriate alternatives for pain management)

## DATA SOURCES

- Stakeholders (e.g., partners, intended audience[s])
- Online data sources (e.g., Google Analytics, Webtrends)
- Administrative data

## DATA COLLECTION METHODS

- Interviews with stakeholders
- Partner activities or referral services
- Pre-post survey on awareness, knowledge, attitude, and intention items with a sample of intended audience(s)<sup>8</sup>



# Community and System Change Outcomes

## Evaluation Question

To what extent did the campaign produce or contribute to the intended community and system outcomes (i.e., how effective was the campaign)?

## Sample Indicators

### Intermediate-Term

- Systems and Partners
  - Description of changes to partner collaboration and/or coordination of overdose prevention efforts
  - Description of changes in partners' practices or policies to incorporate the use of campaign support tools and further campaign call(s) to action
  - Changes in community-wide uptake of specific actions associated with campaign call(s) to action (e.g., naloxone use/awareness, use and awareness of harm reduction activities, uptake of relevant referrals/linkage to care efforts)

## DATA SOURCES

- Administrative data (e.g. referral log, time log)
- Stakeholders (e.g., partners, intended audience[s])

## DATA COLLECTION METHODS

- Scan of administrative data
- Formal and informal discussion or interviews with stakeholders (e.g., intended audience[s], partners) about coordination of services, referrals, messages the intended audience(s) saw, and potential intended behaviors

# Unintended Outcomes

## Evaluation Question

What unintended outcomes (positive and negative) were produced as a result of this campaign?

## Sample Indicators

### Overall

- Description of the partnerships and changes over time to partnerships and their complementary activities (e.g., integration and accessibility of partner services with campaign implementation)
- Description of positive unintended outcomes (e.g., receipt of additional funding for more communication efforts or ongoing overdose prevention, treatment, and recovery efforts)
- Description of negative unintended outcomes (e.g., portraying addiction as a bad choice, rather than an illness; therefore, further stigmatizing communities or populations)

## DATA SOURCES

- Stakeholders (e.g., partners, intended audience[s])
- Internal staff

## DATA COLLECTION METHODS

- Stakeholder interviews
- Document review (e.g., meeting notes, standard operating procedures, policy changes, etc.)
- Informal discussion with internal staff and/or stakeholders

# Morbidity and Mortality Outcomes

## Evaluation Question

What were the changes in opioid-related morbidity and mortality before and after the communication campaign?

## Long-Term Sample Indicators

Number and percentage changes in morbidity and mortality indicators

### Morbidity

- Patients receiving multiple naloxone administrations (MNAs) from emergency medical services (EMS)
- Patients transported to the emergency department (ED) for overdose by EMS where primary impression recorded in National Emergency Medical Services Information System (NEMSIS) is drug overdoses
- Patients refusing transport by EMS where primary impression recorded in NEMSIS is drug overdoses
- EMS calls where naloxone was administered
- All-drug non-fatal overdose emergency department visits
- Emergency department visits involving non-fatal opioid overdose, excluding heroin
- Emergency department visits involving non-fatal heroin overdose with or without other opioids
- All-drug non-fatal overdose hospitalizations
- Hospitalizations involving non-fatal opioid overdose excluding heroin
- Hospitalizations involving non-fatal heroin overdose with or without other opioids

### Mortality

All-drug overdose deaths

- Drug overdose deaths involving opioids
- Drug overdose deaths involving prescription opioids
- Drug overdose deaths involving heroin
- Drug overdose deaths involving synthetic opioids other than methadone

## DATA SOURCES

- Jurisdictional morbidity and mortality data
- ED/health department morbidity and mortality data
- NEMSIS and/or local EMS

## DATA COLLECTION METHODS

- Reviews of jurisdictional reports (e.g. annual progress reports)
- Secondary data analysis
- Review of opioid morbidity and mortality data dashboards or reports

# Glossary

**Bounce rate** is the percentage of visitors who come to a website and then immediately “bounce,” or leave before clicking on any other pages. [Definition Source](#) ⓘ

**Click-through-rate (CTR)** is a digital media metric that indicates the rate at which viewers follow the link in an ad to the target website. This statistic shows interest in and engagement with an ad.

**Content syndication** is the process of pushing a blogpost, article, video, or any piece of web-based content out to other third-parties who will then republish it on their own sites.

**Conversion rate** is the percentage of visitors to a website who take a specific action that the content encourages them to, such as signing up for a newsletter. [Definition Source](#) ⓘ

**Earned media** is a campaign messaging placement that you gain by pitching to outlets and do not pay for. Earned content can include campaign messaging mentions in articles or on news broadcasts, or published posts that you have authored on blogs or outlet websites.

**Engagement** is a digital media term that describes interaction with an ad. For example, if people click on an ad and follow a link to a website after seeing the ad, this results in higher engagement.

**Environmental scan** is a research effort to review existing resources, studies, practices, or policies to understand the current landscape of information and activities about an issue.

**Formative research** is also referred to as formative evaluation research or market research. It describes the early phase of evaluation that involves collecting data to design, plan, and develop a media campaign. Formative research for media campaigns often has two stages: pre-production research and pre-testing/production testing. Formative research helps inform the activities shown in the logic model.

**Harm reduction** is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction strategies include naloxone administration, safe injection sites, drug checking services, and medications for opioid use disorder. [Definition Source](#) ⓘ

**Impression** is a digital media metric that indicates how many times people have seen an ad. It is difficult to assess the engagement or effectiveness of an ad using just this measurement.

**Intercept survey** is an evaluation technique in which an individual/project member stops a random selection of people in a group to survey them about a campaign or product. This could happen on a street corner, at an event, at a restaurant, etc.

**Media buy** is the purchase of advertising from a media company, such as a television station, newspaper, magazine, blog, or website. It also entails the negotiation for price and placement of ads, as well as research into the best new venues for ad placements.

**Medications for Opioid Use Disorder (MOUD)** is the use of medications approved to treat opioid use disorder. Medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MOUD programs provide a safe and controlled level of medication to treat opioid use disorder and other strategies and services needed to support recovery. [Definition source](#) ⓘ



**Microsite** is a website—distinct and separate from an organization’s main site—that delivers more focused, relevant content about a specific topic, targeted audience, or a defined action. For example, a microsite can highlight a campaign (e.g., the Rx Awareness campaign) embedded on a health department’s website, or a website linking to treatment providers on a website about OUD.

**Outcome evaluations** assess progress on the sequence of outcomes (e.g., short-, intermediate-, and long-term) the intervention aims to achieve. Outcome evaluations normally occur when an intervention is established, and it is plausible to expect changes in a given timeframe. They should be planned from the beginning of an intervention, as they often rely on baseline data that need to be collected before the intervention starts.<sup>J</sup> Outcome evaluations may examine the following areas:

- **Individual-Level Outcomes:** The extent to which the intervention has affected changes in a given audience’s knowledge, skills, attitudes, intentions, efficacy, and/or behaviors.
- **Community and System Change Outcomes:** The extent to which the intervention has affected changes in a community, organization, or system(s).
- **Unintended Outcomes:** The extent to which the intervention had unplanned or unanticipated effects—either positive or negative.
- **Morbidity/Mortality Outcomes:** The extent to which the intervention has affected changes in target audience’s(s’) morbidity or mortality.

**Owned media** is influenced/controlled and published on a channel a particular organization manages, such as websites, newsletters, catalogs, social media accounts, and blogs.

**Paid media** are campaign messaging mentions that are bought. Examples include: TV, radio, or newspaper ads; billboard or public transit signage; direct mail; banner and search ads; emails; and social media ads.

**Process evaluations** document and describe how a program is implemented. Process evaluations normally occur when programs or initiatives are early in their development, and are based on stakeholders’ needs.<sup>K</sup> Process evaluations may examine the following areas:

**Context:** Aspects of the larger social, political, and economic environment that may influence an activity’s implementation.

**Reach:** The extent to which the intended target audience(s) is exposed to, or participates in an activity. If there are multiple interventions, then *reach* describes the proportion that participates in each intervention or component.

**Doses delivered/received:** The number (or amount) of intended units of each intervention, or each component that is delivered or provided.

- **Dose delivered** is a function of efforts of the people who deliver the intervention. The extent to which the intervention staff member (e.g., academic detailers, educators, etc) actively engaged with, interacted with, were receptive to, and/or delivered intervention materials and resources to the target audience(s).
- **Dose received** is a characteristic of the target audience(s), and it assesses the extent of engagement of participants with the intervention.

**Fidelity:** The extent to which the intervention is delivered as planned. It represents the quality and integrity of the intervention as conceived by the developers. (Note: In some circumstances, strict fidelity to the original plan may actually work against an intended outcome. In these cases, adaptation is necessary and expected. Tracking fidelity and purposeful/data-informed deviations is important to understand implementation; however, strict fidelity should not supersede necessary adaptations that will facilitate outcomes.)

**Implementation:** The extent to which the intervention is feasible to implement and sustain, is acceptable to stakeholders, and is done with quality. Examination of these dimensions may also result in noted lessons learned, barriers, and facilitators that can help others when replicating similar initiatives.

**Retrospective pre-post survey** is a popular way to assess learners’ self-reported changes in knowledge, awareness, skills, confidence, attitudes, or behaviors after the campaign launches by asking them to self-assess what they know from two viewpoints—before and after seeing the campaign. The responses can be compared to show changes in knowledge/skills.

**Widget** is a stand-alone application that can be embedded into third party sites by any user on a page where they have rights of authorship (e.g., a webpage, blog, or profile on a social media site).

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# Endnotes

- <sup>1</sup> Recipients can be state, district, county, or city health departments, tribal health organizations, or other bona fide agents of the health department.
- <sup>2</sup> See [Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations](#) for more information on how large programs use evaluation findings to improve their interventions and inform strategic direction. Furthermore, evaluation approaches like [developmental evaluation](#) or [rapid feedback evaluations](#) may be helpful models for evaluators to use while working on overdose prevention efforts.
- <sup>3</sup> CDC Evaluation Standards: <https://www.cdc.gov/eval/standards/index.htm>
- <sup>4</sup> Outcomes should be further tailored to your campaign goals and audience(s). Please consult your evaluation officer for additional resources.
- <sup>5</sup> Interactive strategies can include mobile apps, content syndication, widgets, microsites, and trainings.
- <sup>6</sup> Stakeholders can include influencers and those who deliver your messages; clinicians (physicians and other medical professionals); pharmacists; jurisdictional public health authorities; people at risk of an overdose or heavily impacted by overdose; friends/family of those impacted by overdose; legislators; the public; law enforcement; emergency personnel; first responders; community naloxone distribution programs; and substance use prevention/harm reduction coalitions.
- <sup>7</sup> CDC requires recipients who collect or generate data with federal funds to develop, submit, and comply with a data management plan (DMP) for each collection or generation of public health data undertaken as part of the award and—to the extent appropriate—to provide access to and archiving/long-term preservation of collected, or generated data. For more information, please see [CDC's DMP policy](#).
- <sup>8</sup> Surveys can be used to assess knowledge, attitudes, or intentions. They can be conducted online, by phone, or in person (intercept). Survey Monkey's [Writing Good Survey Questions](#) page is a useful resource for developing surveys. Conducting baseline data collection for media campaigns can be difficult due to both timing and cost. Fortunately, there are various ways to conduct surveys for media campaigns. Phone surveys can provide a cost-effective way to gather data about a media campaign from a specific population of interest. Phone surveys can be beneficial if having an interviewer is important, such as sampling among a low literacy population. In general, phone surveys are more expensive than internet because they require trained data collectors to call respondents and deliver the survey over the phone. Online surveys can provide quantitative data about a media campaign. Participants complete a questionnaire online over the Internet. Online surveys can be cost and time efficient.
- An online survey can include and collect feedback on both audio and visual campaign materials. Intercept surveys can provide a cost-effective way to gather quantitative data about a media campaign, where data collectors stop a random selection of people in a group to survey them about a campaign or product. This could happen on a street corner, at an event, at a restaurant, etc. More specifically, the retrospective post-then-pre approach has emerged as a reliable and cost-effective way to collect data about awareness, knowledge, and intentions after exposure to an intervention and before. This may be a useful way to measure the impact of the campaign. This approach asks respondents to first report on awareness, knowledge, attitudes, and/or intentions after seeing or hearing campaign ads (post). Then, respondents report their perceived awareness, knowledge, attitudes, and/or intentions before seeing or hearing the campaign ads. Additionally, surveys for media campaigns generally capture information from a sample of people from the intended audience/subset of the intended audience. Links to surveys can also be shared on social media pages (e.g., Facebook, Twitter).
- <sup>9</sup> Engagement is a digital media term that describes interaction with your ad. For example, if people click on your ad and go to your website after seeing your ad, this results in higher engagement. Engagement metrics can include likes, shares, comments, clicks, favorites, retweets, mentions, follows, replies, hashtags, time to display, time on page, bounce rate, pages per visit, and conversion rate.
- <sup>10</sup> It may be helpful to compare all of these indicators to times of unpaid promotion. Times of unpaid promotion can be used as baseline measures and compared to paid promotion times to calculate a percent change. This comparison can illustrate how much an active campaign may be driving traffic to websites/resources versus normal traffic. -
- <sup>11</sup> Quality of campaign/advertising, promotional, and interactive strategies could be operationalized as: meets intended audience's needs and preferences; maintains audience's engagements; holds the attention of the intended audience(s); connects with the intended audience(s); uses simple language; possesses convincing value; educates the intended audience(s) to improve awareness, knowledge, and behaviors; holds memorizing value; suggests the importance and utility of the message/product/service; and is factual. Jurisdictions should operationalize this for their context.
- <sup>12</sup> Outcomes for communication campaigns may vary and should be tailored to your campaign's goals and audience(s).