



Department of Health  
2023-25 First Supplemental Budget Session  
Policy Level - MC - Public Health Media Campaign

### Agency Recommendation Summary

The Department of Health (DOH) works to protect and improve the health of people in Washington, promote healthy behaviors, and maintain high standards for quality health care delivery. This decision package will create a public health social marketing campaign to promote health and wellness across Washington state by addressing prevalent health issues and countering misinformation. This campaign will educate, inform, and empower individuals and communities to make well-informed decisions about their health leading to positive health outcomes while combatting the spread of misinformation that negatively impacts public health practice.

### Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
<b>Staffing</b>						
FTEs	1.5	3.0	<b>2.25</b>	3.0	3.0	<b>3.0</b>
<b>Operating Expenditures</b>						
Fund 001 - 1	\$2,272	\$3,528	<b>\$5,800</b>	\$3,528	\$3,528	<b>\$7,056</b>
Total Expenditures	<b>\$2,272</b>	<b>\$3,528</b>	<b>\$5,800</b>	<b>\$3,528</b>	<b>\$3,528</b>	<b>\$7,056</b>

### Decision Package Description

Various leading public health organizations have reported on the harmful impact the pandemic has had on the public health field and voiced our need to restore trust while fighting misinformation as a public health priority. Misinformation and skepticism regarding covid vaccines have threatened other public health priorities, especially vaccination coverage. A national survey conducted by Kaiser Family Foundation found in 2022, 35% of all American parents oppose requiring children to be vaccinated against measles, mumps, and rubella before entering school, up from 23% in 2019. Last fall, we witnessed a surge in COVID-19, RSV (respiratory syncytial virus), and flu cases, leading to decreased hospital capacity and health care services availability due to increased hospitalizations.

Public health has also faced the significant challenge of getting individuals to engage in healthy behaviors whose benefits and impacts may not be seen or felt for years. We are faced with an invisibility crisis; when public health is working well, such as keeping disease burden down, improving access to services and health information, or ensuring clean drinking water, no one is concerned with sustaining and funding those efforts. However, when a vaccine-preventable outbreak occurs, STI rates, increase or violent behaviors or substance use increases, or water is contaminated, we are charged with addressing and resolving each new public health crisis.

This challenge is becoming increasingly more complex with shifts in how, when, where, and from whom people consume health information. Technology has dramatically improved our ability to communicate and access a wealth of helpful health information, but it also makes ill-informed, potentially dangerous health information just as accessible. We must understand how misinformation has impacted the public's perception of government information and messaging. Public health messaging and health education are often the first line of defense to preventing or reducing illness, hospitalizations, and death. As proven by the pandemic, health education and messaging were the only tools available until vaccines and therapeutics were developed almost a year after the pandemic. To motivate people to engage in healthy or harm-reduction behaviors, we need to promote cohesive, competent public health messages rooted in social marketing and health promotion science.

The proposed solution is a comprehensive public health media campaign to motivate people to engage in healthy or harm-reduction behaviors to improve public health outcomes. The campaign will use social marketing science to counter misinformation and address the growing burden of preventable disease and lifestyle-related conditions that negatively impact the population's health. Washington state faces numerous health challenges, including chronic diseases, behavioral health issues, and avoidable illnesses. The campaign will address these issues by raising

awareness and promoting actionable preventive or harm-reduction measures to mitigate the negative impact on individuals and communities. Through several award-winning social marketing campaigns, we have proven that influential audience-centered approaches to raising awareness and providing accurate health information to drive health behaviors can successfully improve health outcomes.

This proposal is the best option for providing credible, trusted health information to influence people and produce positive health behaviors. The messenger's credibility is essential when people decide to seek, share, or receive health information. Sources of health information such as traditional media, social media, medical websites, and social circles incredibly influence a person's decision to act. Framing governmental public health as a credible source of information is only one part of the public health misinformation resolution. To individuals and communities, credibility and trustworthiness are not synonymous; credible sources of information, such as government agencies, are not always trusted and trusted sources of information, such as social media influencers, friends, or family, may not always be credible.

The pandemic has impacted everyone's health behaviors; we have seen decreases in the number of children receiving scheduled immunizations which contribute to increased illness and outbreaks, decreases in adults who received preventive annual health screening, which often detects chronic disease, and an increase in reported consumption of substances such as alcohol, marijuana, and illicit drugs. This proposal will affect various groups; all Washington residents will have access to trusted, credible health information. Using data and audience insights, specific populations have access to credible health information that resonates and moves them to action. For example, parents can access credible health information to help them make informed decisions for their children. Communities of color will have health information and messaging from trusted messengers that can convey credible information to help them to make positive health actions. Substance users and their families will have information that can help access services and resources to save a life.

This funding will secure contracts with social marketing and communication firms to utilize research and audience insights to execute public health campaigns and messaging on various topics for specific audiences. It will pay for health promotion and educate staff working across the agency to understand the specific program needs, develop social marketing content, coordinate public health messaging, and engage communities and local health jurisdictions.

The Department has explored the use of federal grants; however, our federal grants tend to be health topic specific and do not provide the flexibility to respond to emerging health emergencies or Washington State specific health topic needs. In addition to being topic dependent, these grants do not allow the Office of Public Affairs and Equity to build an established base campaign that then allows the Department to respond to and emerging public health issues with an already established and robust campaign platform.

## Assumptions and Calculations

### ***Expansion, Reduction, Elimination or Alteration of a current program or service:***

This proposal would provide lasting base funding for the Department to establish an ongoing campaign that withstands the ebb and flow of public health crises. The table below shows the base budget for the Department's Office of Public Affairs and Equity over the last two biennia. The workload for this Office had been steadily growing as demand increased, peaking with COVID-19 communication. Large swings in funding are a result targeted grants and other provisos that require these specialized services.

### ***Detailed Assumptions and Calculations:***

<b>Fund</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
001 - Direct	\$11,333,200	\$3,219,656	\$3,351,239
001 - Indirect	\$2,243,630	\$4,911,997	\$5,198,127
319 - Private/Local	\$102,500	\$137,684	\$27,500
020 - Federal	\$294,924	\$542,236	\$411,494
704 - Federal	\$10,553,333	\$20,000	\$11,236,127
706 - Federal	\$0	\$0	\$9,367,918

<b>By Object</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
A	\$2,638,817	\$4,372,886	\$7,546,599
B	\$893,539	\$1,599,739	\$2,797,793
C	\$19,949,333	\$20,000	\$15,986,115
E	\$814,229	\$1,217,639	\$1,223,928
G	\$21,062	\$21,062	\$134,765
J	\$0	\$33,000	\$61,788
N	\$63,000	\$1,233,466	\$1,110,966
T	\$147,607	\$105,019	\$730,451

It is necessary that funds for this campaign remain malleable and can change to accommodate the needs of the Department to address the public health issues proactively. These costs are reflective of recent efforts for similar work that was completed using federal COVID funding for similar campaigns.

The Department requires \$3 million in contracts to create a public health prevention and wellness media campaign. This will allow the Department to contract with a social marketing and communication firm, fund audience research for campaign development, and fund targeted media placement for radio, tv, digital platforms, community-based media, trusted partners, and micro-influencers. In addition to the contract, the Department will also hire three additional staff to manage and run operations to build and then maintain the campaign audiences.

### **Workforce Assumptions:**

#### **Salaries and Benefits:**

SFY25 \$382,000 per year, ongoing

One 1.0 FTE WMS2 – Social Marketing and Campaign Manager

Two 1.0 FTEs HSC3 – Social marketing health educators

SFY24 \$187,000

One 0.5 FTE WMS2 – Social Marketing and Campaign Manager

Two 0.5 FTEs HSC3 – Social marketing health educators

Note: These are the same positions in both years, FTEs ramp up from fiscal year one and grow in fiscal year two. Fiscal year two is ongoing.

**Supplies/Training:** SFY24 and ongoing \$6,000 per year

**Equipment:** SFY24 one-time, \$9,000

**Intra-agency:** SFY24 and ongoing \$28,000 per year

**Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.**

## Strategic and Performance Outcomes

### ***Strategic Framework:***

The funding of this proposal supports all the transformational priorities and goal four of the Governor's Results Washington healthy and safe communities. The campaign will use proactive audience-centered health promotion strategies and messaging to promote a broad range of physical and behavioral health actions that support positive health and wellness behaviors leading to actions that improve health. The campaign goal aligns with strategies outlined in health and wellness, environmental health, emergency response and resilience, and global and one health.

Information is one of the best tools to help ensure every Washingtonian is better able to stay safe and healthy, and our website is our primary means of transmitting information as an agency. Every Washingtonian can access timely, credible, trusted information regardless of language, disability status, or other factors. DOH continues to ensure information and services the state provides to the public are available to all communities – providing accessible health information.

**Performance Outcomes:**

Increase in people's knowledge and understanding of

- How to make informed decisions regarding their health status by identifying trusted sources of information
- The connection between overall physical health and emotional well-being and what steps they can take to maintain or improve their health status.
- Positive attitude and perception of governmental public health services and programs

Increase in positive health behaviors that contribute to better health outcomes

- Emphasis on preventive health and wellness should increase in people.
- Seeking preventive health screenings such as blood pressure and glucose screenings, immunizations, prenatal care etc.
- Seeking and accessing care for behavioral health services

Campaign specific metrics

- Click through rate
- Conversion rate
- Website traffic, time spent on website
- Resources download
- Video views
- Follower increase, content shares
- Increase in persons seeking an advertise services.

## Equity Impacts

### ***Community outreach and engagement:***

A part of the social marketing campaign is researching the audience to understand what message, concepts, imagery, and information motivates an individual to take a specific action. As a part of our campaign process, we will engage communities through market research and in-language focus groups to inform the campaign. We currently have community-based organizations that work with our agency on vaccine information; many of these groups have expressed a desire to work on other public health topics that impact their communities, such as substance use and mental health.

### ***Disproportional Impact Considerations:***

A blanket approach to public health messaging does not properly motivate communities to engage in positive health or harm reduction activities contributing to better health outcomes.

Social marketing is a powerful tool that uses audience insights to understand key drivers that lead to changing behaviors through messaging and communications grounded in science and research. Racial/ethnic, immigrant, and even some religious communities are often the target of public health misinformation and propaganda. Data shows that these communities are often targeted/market information that impacts behaviors that contribute to health disparities, such as lower vaccination rates, greater consumption of unhealthy foods and beverages, and more significant usage of harmful substances. For example, throughout the U.S., immigrant and religious minority groups such as Somalian and Orthodox Jewish communities have been the target of vaccine misinformation that negatively impacts their MMR vaccines leading to periodic outbreaks of vaccine-preventable deaths.

As mentioned above, we have existing campaigns whose research and insights can be used to develop the outline for expanding public health messaging to other audiences impacted by similar health issues. For example, we have a menthol/tobacco campaign focused on decreasing the consumption of menthol in the Black community. The proscribed dollars are specific to the black community because of decades of the tobacco industry historically marketing the highly and more addictive menthol products to African Americans. Research findings show that the tobacco industry is shifting its marketing of menthol products to youth, Latinx, and LBGQTQ+ communities.

### ***Target Populations or Communities:***

Each community listed will benefit from community-specific curated content and messaging to address their specific community's needs. We have discussed the need for various programs for social marketing campaigns to improve access to credible health information and services. For example, a broader-scale campaign focuses on messaging encouraging healthy eating habits. Still, a smaller-scale campaign can focus on utilizing this message to drive eligible families to WIC services. We have several campaigns focused on specific health needs for some communities. We can leverage existing messaging and research to broaden the reach of these dollars to expand to other communities.

## Other Collateral Connections

### ***Puget Sound Recovery:***

N/A

### ***State Workforce Impacts:***

N/A

### ***Intergovernmental:***

N/A

### ***Stakeholder Response:***

N/A

### ***State Facilities Impacts:***

N/A

### ***Changes from Current Law:***

N/A

### ***Legal or Administrative Mandates:***

N/A

## ***HEAL Act Agencies Supplemental Questions***

**1. Please describe specific likely or probable environmental harms and/or benefits and their associated health impacts to overburdened communities and vulnerable populations.**

None

**2. Please describe any potential significant impacts to Indian tribes' rights and interest in their tribal lands.**

NA

**3. Describe how your agency engaged with Tribes in developing this proposal, including offers for tribal consultation, and any direction provided by Tribes through this engagement.**

NA

**4. Has an [Environmental Justice Assessment](#) been completed? If so, please submit the assessment as an attachment in ABS.**

NA

**5. Describe how your agency used the Environmental Justice Assessment process to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits? If your agency determined that you were unable to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits, please provide a justification for not doing so.**

NA

## IT Addendum

***Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?***

No

## Objects of Expenditure

<b>Objects of Expenditure</b> <i>Dollars in Thousands</i>	<b>Fiscal Years</b>		<b>Biennial</b>	<b>Fiscal Years</b>		<b>Biennial</b>
	<b>2024</b>	<b>2025</b>	<b>2023-25</b>	<b>2026</b>	<b>2027</b>	<b>2025-27</b>
Obj. A	\$138	\$283	<b>\$421</b>	\$283	\$283	<b>\$566</b>
Obj. B	\$49	\$99	<b>\$148</b>	\$99	\$99	<b>\$198</b>
Obj. C	\$2,000	\$3,000	<b>\$5,000</b>	\$3,000	\$3,000	<b>\$6,000</b>
Obj. E	\$66	\$118	<b>\$184</b>	\$118	\$118	<b>\$236</b>
Obj. J	\$5	\$0	<b>\$5</b>	\$0	\$0	<b>\$0</b>
Obj. T	\$14	\$28	<b>\$42</b>	\$28	\$28	<b>\$56</b>

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