Evaluation Services for Division of Population and Healthy Tribes Programs

OMB No. 0920-0572, Exp. 10/31/2024

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March 21, 2022

Audience Profiles

Public Health Stakeholders

Framework for Creating Audience Profiles

- Audience profiles were developed using the following communication theories and resources:
  - **Communication Theory of Identity**[1] (personal, enacted, relational, communal)
  - **Diffusion of Innovations Theory**[2] (early adopters, early majority, late majority, laggards)
  - **Moral Foundations Theory**[3] (care, fairness, loyalty, authority, sanctity)
  - **Other values-based message framing**[4] (liberty, equity, efficiency, security)
- These profiles will be used to develop tailored message frames for each audience and to develop an evaluation plan to test the effectiveness of message frames.

1. Hecht, L. Michael and Hye Jeong Choi. "The Communication Theory of Identity as a Framework for Health Message Design." *In Health Communication Message Design: Theory and Practice* , H. Cho, ed. Thousand Oaks, CA: Sage, 2012.
2. *Pathways for Change: 10 Theories to Inform Advocacy and Policy Change Efforts*. Retrieved from: https://www.evaluationinnovation.org/
3. *https://moralfoundations.org/*
4. *Policy Paradox: The Art of Political Decision Making* by Deborah Stone

“Substance Use and Mental Health Stakeholders”

- May work in substance use prevention (e.g., Drug Free Communities), mental health promotion or suicide prevention, substance use disorder treatment, healthcare, or human services
- More likely to be in contemplation or preparation for implementing effective alcohol prevention strategies than other audience groups; may be the most likely to be early adopters
- Needs messaging to augment professional self-efficacy and courage to support, promote, implement effective prevention strategies – move them into action, strengthen them for a fight
- Interested in knowing who else has been successful in implementing effective alcohol prevention strategies; assure them that other people care about this work, and it can be done
- Key values: equity, care
- Potential frames: Bolster professional belief that they can do this work; alcohol as a cross-cutting topic; mental health promotion and resiliency; create healthier communities/families; youth-focused messaging; “community health” vs. “individual health”

“Promoters of Healthy Communities”

- May work in prevention, academia, healthcare (e.g., physicians) or advocacy organizations, and may be leaders in public health associations or state and local government staff
- More likely to work on topics, such as chronic disease, injury, or violence prevention
- Need to see clear messaging that connects alcohol prevention to their specific topic of interest
- Ask “What’s the benefit to me or my work?” if they fund or advocate for alcohol prevention policies
- Often have substantial prevention funding and political capital to support implementation
- May be influenced by scientific arguments but that alone doesn’t drive decision-making
- Key values: equity, care
- Potential frames: Reducing chronic diseases; alcohol as a cross-cutting topic; SDoH; create healthier families/communities; secondhand effects; cost of alcohol to society

“Social Justice Champions”

- Lifetime public health professionals – got into work to “do good”
- Root cause focused; less interested in specific public health outcomes
- Less motivated by science and more by their identity of being an advocate
- May not feel alcohol prevention strategies are far enough upstream
- Interested in addressing SDoH, racial and environmental justice
- Want to work on the outer edges of the socio-ecological model
- Majority women who see themselves as feminists and allies to marginalized groups
- Key values: equity, justice, loyalty
- Potential frames: Reducing health inequities; racial justice/anti-racism; healthier families/communities; community resiliency; built environment; SDoH

"Philosophical Skeptics"

- Unsure about the public health approach to prevention
- Believe in personal responsibility and that health is a choice
- Uncomfortable with prevention policies or "legislating health"
- Often are not swayed by scientific arguments; less rigorous research or anecdotes are equally persuasive
- May be more likely to work in roles, such as public safety, transportation, policy making (e.g., state legislature, city council)
- Do not like the word "taxes"
- "I don't care if people get drunk, as long as they don't drive a car and kill other people"
- Key values: liberty, personal responsibility, fairness
- Potential frames: Secondhand effects; cost of alcohol to society/government; youth-focused messaging; community safety or "safe streets"

[1] *Policy Paradox: The Art of Political Decision Making* by Deborah Stone

“Fiscal Responsibility Believers”

- May be more likely to be a policy maker or in a public health leadership position
- Love the “bottom line” and “good policy”; communicate these values to others regularly
- Want to see economic or cost data on why they should care about an issue
- Less interested in the topic/issue as they are in the public perception of the issue or the economic or fiscal implications
- May accept and use scientific arguments when it aligns with their goals or plans but can dismisses scientific arguments when it doesn’t align
- May be interested in using increased alcohol revenues to fund projects of interest
- Key values: efficiency and security
- Potential frames: Increasing revenue or strengthening the economy; youth-focused messaging; cost of alcohol to society/government; community safety or “safe streets”