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## MCH COMMUNICATIONS NEEDS ASSESSMENT

March 15, 2021

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## OVERVIEW

The purpose of conducting a communication needs assessment is threefold:

1. Connect broad program-centered guiding strategies and goals with audience-specific communication strategies and marketing tasks
2. Identify clear pathways for both staff and end-users to quickly and easily find and consume the content they are looking for
3. Leverage existing brands and platforms in order to provide the best possible user experience

The goal related to the above is to answer the following:

1. What are we talking about and to whom?
2. How should the information be organized and presented?
3. What is the best way to make the audience aware, get them interested, and direct them to the content?

Currently, formal Maternal Child Health information is housed in the [Family & Child Development](#) section on the South Dakota Department of Health website. The aging DOH website infrastructure and organization-centered approach to content make the site difficult to navigate. This is not uncommon with large organizations. The content on the DOH website is largely administrative and tailored for formal audiences using established formats and protocols. The content is academic and evidence-based by nature making it challenging to bridge the gaps between formal requirements and plain language translations for the general public. A task-based information architecture overhaul and application of a content management model is needed to make the site more accessible and user-friendly as a whole. While such an undertaking is outside the scope of this needs assessment, we will identify areas of content that overlap and discuss global organizational strategies that could be applied to improve both staff and consumer user experiences overall.



The [Office of Child & Family Services 2020 Title V Needs Assessment Report](#) calls out seven priority needs and corresponding National Performance Measures (NPM) and State Performance Measures (SPM) which will remain top-of-mind throughout the communication needs assessment process. Key challenges include:

- limited access to healthcare
- rural landscape & geographic isolation
- social needs (housing & food)
- parenting education & support
- affordable health insurance

These challenges make the marketing of program services and clear communication critical. In order to reach South Dakotans with important details about relevant health information and services available to help improve their overall well-being, we must meet them where they are on the platforms they use to find information and answers.

The **7 priority needs** and their corresponding national and state performance measures are listed in the table below.

PRIORITY	MCH POPULATION DOMAIN	NPM OR SPM
<b>1</b> Mental health/Substance abuse	Women/Maternal Health	NPM 1 Well-Woman Visit
<b>2</b> Safe sleep	Perinatal/Infant Health	NPM 5 Safe Sleep
<b>3</b> Parenting education and support	Child Health	NPM 6 Development Screening
<b>4</b> Mental health/Suicide prevention	Adolescent Health	NPM 7 Injury Hospitalization
<b>5</b> Access to care and services	Systems of Care for Children and Youth with Special Health Care Needs (CYSHCN)	NPM 11 Medical Home
<b>6</b> Healthy relationships	Adolescent Health	SPM 1
<b>7</b> Data sharing and collaboration	Cross-Cutting	SPM 2



## PROJECT SCOPE: GUIDING PRINCIPLES

As we go about addressing the goals and answering the questions outlined in the Executive Summary, it's important to understand what drives the communication process, how people receive information in the digital era, and what role brand persona and brand promise play. It's equally important to acknowledge the differences between health marketing and commercial marketing because many of our communication goals aim to change behavior, not just preferences.

### Health Marketing vs Commercial Marketing

In spite of product benefits or service advantages, people won't always be as excited and motivated to respond to our information or services as we would like. This is especially the case in terms of health marketing which involves behavior-change and is often geared toward persuading people to stop doing something that is part of an ingrained habit and something they like/want to do (i.e. smoking or eating poorly), and convincing them to start doing something that takes much more focus and commitment (i.e. increasing physical activity, improving nutrition, following recommended immunization guidelines, seeking mental health or substance use services).



**BOTTOM LINE:** for behavior change to work, your audience must believe and trust you. The relationship they have with you is in direct competition with their emotional connection to habits or substances that aren't good for them long-term, their idea of freedom and independence, and their relationships with peers and/or family.



In the realm of public health, there are often layers of messaging that must be applied and promoted at the same time. Staff, partners, healthcare providers, and community stakeholders are routinely engaged to help identify specific public health needs, but are frequently overlooked in the marketing model as being a separate audience. The type of information that is of most value to staff, partners, and advocates and the tools they use differ significantly from consumer driven content and tools. Just as end users need to be continually informed and educated about health risks, programs, and services, communication and messaging strategies should be developed to keep mid-level O and advocates equally informed.

## “No” Can Be A Tough Sell

Psychology and marketing theories overlap in many areas and one of the most studied is the human response to the words “yes,” and “no.” Both words can be infinitely powerful, *but because health marketing is often geared toward “saying no,” there are a few key differences* (supported by neuroscience) that are worthy of note and illustrated in the no vs yes graphic to the right.

In terms of promoting behavior change, this may feel somewhat discouraging, but all is not lost. “No” can work for us when used in the context of clear choice and can actually empower our messages and our audiences and make a “yes” stronger. For example:

THE POWER OF NO	VS	THE POWER OF YES
<ul style="list-style-type: none"> <li>• Registers faster and many times more harshly than we intend</li> <li>• We are literally hard wired to respond to No more intensely and more persistently</li> <li>• In terms of cognition: No is stronger than Yes</li> <li>• Not a “warm send”</li> <li>• Signals an end to communication</li> </ul>		<ul style="list-style-type: none"> <li>• Supports risk-taking</li> <li>• Symbolizes openness and grace</li> <li>• Feels courageous</li> <li>• Used to unify</li> <li>• Signals collaboration</li> <li>• Provides affirmation, inclusion and positivity</li> </ul>

When No is used to acknowledge truth:

- I will not because: I am armed with facts, I believe in science, I have witnessed
- Count me out because: I’m not comfortable, not in agreement with, not on the band-wagon

When No is used to acknowledge personal responsibility:

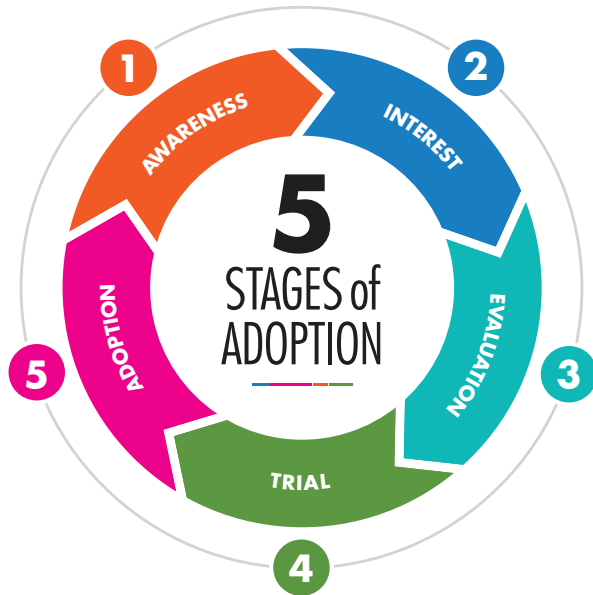
- No to drinking, drugs, texting while driving—because avoiding those things keep us and the people around us safe
- When No is used to confirm our love, respect, and value of relationships—when parents, doctors, teachers, or law enforcement encourage us to avoid illicit activity or unhealthy behavior

When No is used to keep us true to our values or principles:

- It can protect from exploitation or abuse
- Keep us focused on goals and avoid distractions
- It can provide the strength needed to avoid bad habits and change course

Example positioning no as a yes headlines:

- yes I’m going to say no
- say yes to saying no



Originally extrapolated from a behavioral psychology model, the Five Stages of Adoption has become a guiding framework for the communication and marketing industries to help explain what drives the communication process for consumers. There are five stages people must go through in order to accept any idea, product, or service that is new to them:



### AWARENESS

People must first become “aware” of it. This sounds obvious but make no mistake, very often our audiences do not know what we know and what they think they know is routinely incomplete, inaccurate, or flat out wrong.

**Marketing tactics:** mass media and social media messaging to create brand awareness, call attention to problems/gaps/misinformation, facts/stats, studies, proof, new services or location information and building trust are key in this phase.



### INTEREST

Then people must have reason to be “interested” in it. Let’s be honest, until it happens to you, you may not be particularly aware of health or wellbeing services or programs because you haven’t needed to be.

**Marketing tactics:** mass media and social media messaging to promote benefits, offer solutions/tips, answer why should I care, and “what’s in it for me” questions can help guide decision making in this phase.



### EVALUATION

Once interested, people will “evaluate”. They will weigh the product or service it against what they know (or think they know) and they will ask around. The audience is in complete control at this stage. We can model the behaviors or feedback we’d like to get, but it’s up to them to decide if it’s worth it.

**Marketing tactics:** mass media is still important but we can begin to get more targeted with those who have shown interest. Testimonials, success stories, ratings, proven results, or examples of how the process/program works are especially effective as people begin to ask others if the product/service is legitimate, worth it, successful, produced results, etc. This is a critical stage because it also has the potential to generate negative feedback. Marketing strategies must be in place to swiftly and thoroughly address negative feedback because negative word-of-mouth travels exponentially faster than positive.



### TRIAL

Hooray! People are finally ready to try it. Don’t get too excited, they’re probably not quite ready to fully commit. They want to “test drive” or try on a small scale without being locked in.

**Marketing tactics:** mass media and word of mouth are still heavy influences in this stage, but samples, special discounts, coupons, free trials, and support from sales people or trusted sources (i.e. staff, providers, community leaders, etc) can also help reinforce their decision.



### ADOPTION

Evaluation and trial lead to “acceptance” and hopefully, a referral that feeds positive word-of-mouth in social networks reinforcing the idea, product, or service for people who are still in the awareness stage. If the audience is not convinced, not only do we lose a customer but we also lose brand ambassadors.

**Marketing tactics:** This stage becomes very personal. We want to thank them for using/visiting/signing up. We want to know more about their experience—if it was positive, can we use your testimonial, would you be willing to share with friends? If it was negative, what can we do better, what can we do to get you to give us another chance?

## HOW people find & receive information

**IMMEDIATELY.** People want to be able to find and receive information instantaneously and today's digital landscape provides them with the opportunity to do so. Your digital infrastructure and presence—the content, architecture, and searchability of your website, and the variety and number of platforms your brand appears on—are in direct competition with an almost infinite number of other sources vying for attention from your target audiences.



**CONCERNINGLY,** the amount of misinformation available on websites with cutting edge technology, and messaging aimed directly at target audiences (using platforms they trust and often promoted with very large budgets), can appear just as legitimate as evidence-based resources or even more plausible. Ironically, it's not uncommon for government agencies or educational institutions to come under fire for being biased and pushing political agendas when in fact they are providing factual health-related information and recommendations.



We don't *GO* to websites to find information—

**WE SEARCH TO FIND INFORMATION**

*(using Google, keywords and phrases) and are*

**directed to the websites with the best SEO.**

If the site is organized well and content is accurate it may earn a repeat visit.

How then, do we address the speed with which people expect to be able to access information, balance it with the desired content and messaging, and deliver it in such a way as to build trust and earn a place in the end-user's respected resource arsenal? By prioritizing the following:

1. Quality Content
2. Information Architecture
3. Branding

## Principals of high-quality content

In the digital environment, most users will scan and assess a website quickly. On average, a typical website visit lasts only seconds and users are likely to consume only 25% of the content on a given page. When the base architecture of the site is organized intuitively, the site is searchable, and/or the individual has been directed to the exact content they are looking for, those seconds can be extended and the website has a shot at being considered a reliable source worthy of visiting again.

In terms of creating high-quality digital content, we follow a number of industry best practices including consistent use and application of the following:

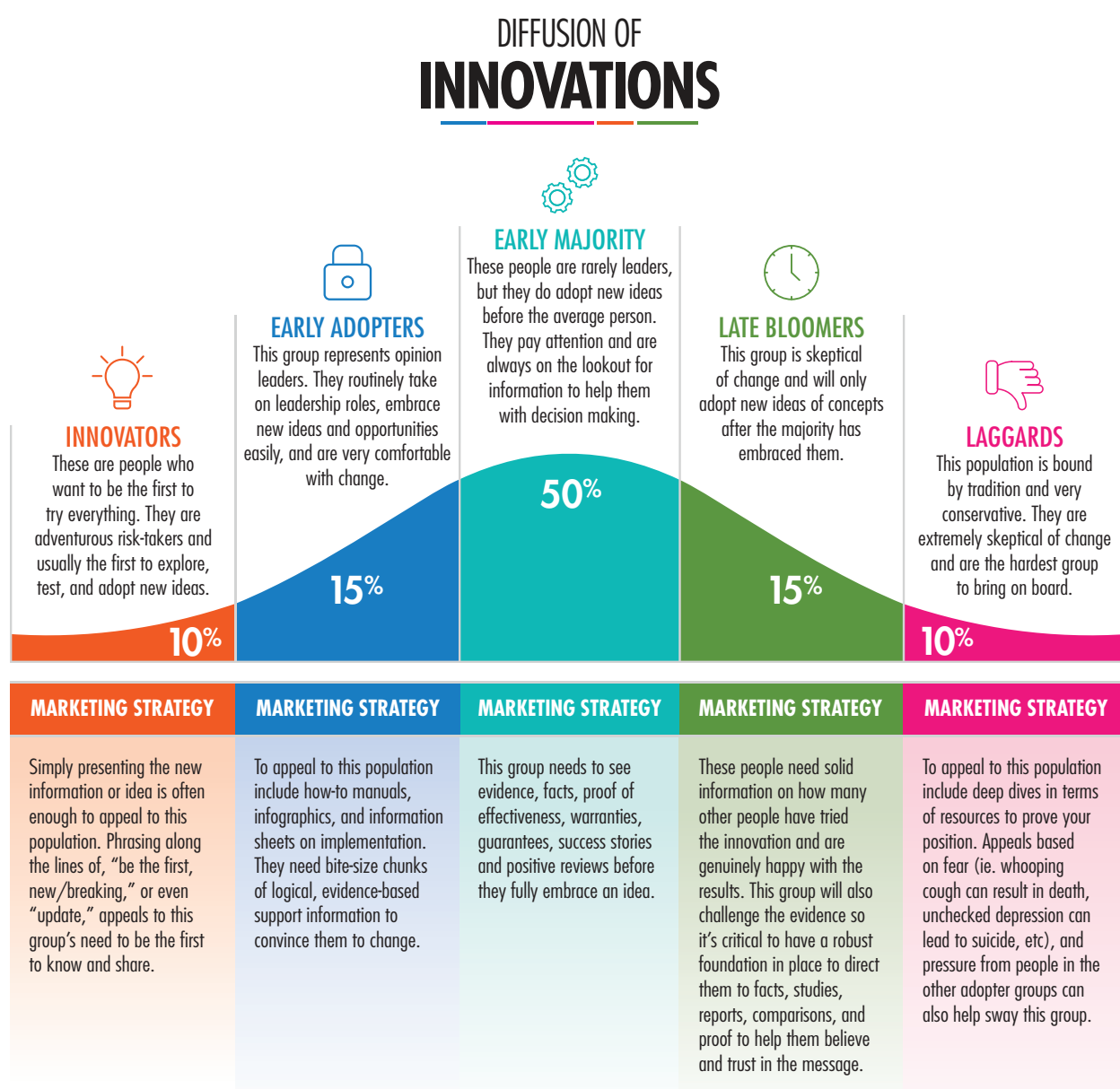
### Rich Relevant Content

**You must offer some sort of value to audience and/or the end-user.** Answer the question, solve the problem, educate, provide a service, sort, describe or organize resources, but. Content that is too short, too vague, or too repetitive is not useful and will not be looked upon fondly by search engines or users. By the same token, too much content on a given page and users may be overwhelmed and lose interest. Referring people to a list of off-site links and/or PDF content, immediately slows, if not completely derails, the engagement. Our goal with DOH content is to provide hybrid content— a clear topline explanation of the information most relative to South Dakotans while pointing to evidence-based sources they can refer to for more detail.

## Diffusion of Innovations

There are a number of behavior-change model variations and complementary theories that can help set the stage when considering marketing and communication strategies. The Diffusion of Innovations theory describes nuances related to certain personality traits that help move people through the process when new technology or concepts are involved. In public health, this theory is used to accelerate the adoption of important programs that aim to change behavior or a social system. It can be applied to mid-level influencers (staff, partners, advocates) as well as end user brand champions at the consumer level.

There are five established adopter categories, and while the majority of the general population tends to fall in the middle categories, it is still necessary to understand the characteristics of each target population. When promoting behavior-change, different strategies are used to appeal to the different adopter categories:



## Plain Language

### Clear, easy to understand content

that gets right to the point is the goal. Jargon and industry-speak will almost always work against you. This is not to say you shouldn't use formal, academic, or industry specific phrases—quality keywords are critical to successful searches— but be direct and conscious of the audience you are addressing. Short paragraphs, bullet points, numbered lists, useful, helpful, and relevant images and graphics, and small easy to digest chunks of copy make the user journey much more appealing.

## STRUCTURED CONTENT FUNNEL



The US General Services Administration reminds us that: “US government websites are for everyone. The content they contain should be as straightforward as possible.” Their [18F Content Guide](#) provides more detail on plain language and clear content. Recommendations include:

- Use of active voice
- Addressing the user with a friendly, inclusive, conversational tone
- Benefits of structured content
- Pitfalls of FAQs
- Importance of ongoing content refinement

## Hierarchy & Wayfinding

**Content should be organized with a consistent hierarchy.** Every section and page should follow an outline where the most important topics are called out at the top with larger headings. Subcategories with less important information appear on the page in descending size.

**Websites must be searchable.** Live text, rich with keywords will ensure that search engines rank your content higher and allow end users to find exactly what they are looking for. Once visitors arrive at the site, employing functionality strategies such as clear navigation, straight-forward categories, and breadcrumbs can help users understand what to expect, where they are, and where they've been.

## Balance & Design

**Strong architecture and design are worth the investment.** Users don't read web content deeply—they scan it—usually in an “F-shaped” pattern. Familiar architecture (information-heavy words on the left, search tools and shopping carts in the upper right, simple menu titles, well-organized footers, etc.) balanced with images, tables, or graphics can help the user navigate the page.

## Simple Structure

**Keep it simple.** Too many bells and whistles, too much movement, sound the user cannot control, too much content crammed onto one page, too many images or graphics blocking or distracting from the content, overwhelming or complex menus, can turn the end user off in those first critical seconds.

## Accessibility

**Website accessibility has become an important area of focus in recent years.**

**Section 508 compliance** provides guidance on information and communication technology best practices for those with disabilities or limited bandwidth. According to Web AIM, 1 in 5 people have a disability, some of whom may use assistive technology (i.e. screen readers) for navigating the Internet when they cannot use a mouse. Simple steps can be taken to allow all users access to a website.

Some examples include:

- Adding alternative text or captions to images
- Applying HTML tags to page headings
- Including closed captions in videos
- Adjusting a page's color contrast
- Hitting target page-load times
- Remediating PDFs housed on the site

## Elements of a strong information architecture

Both content and information architecture can be addressed by applying a customer-centric approach to all messaging and digital spaces using the following as a guide:

### Important Content Factors

1. **Accurate:** accurate content is the foundation upon which all websites and digital presence must be built. When end-users are directed to the wrong place or given the wrong information, trust is eroded and visitors won't come back.
2. **Up-to-date:** from an end-user standpoint, information that is more than 2-years old is out-of-date and out-of-date information is a waste of time. Studies or processes that take years to cycle must be immediately described and explained.
3. **Complete:** don't assume that a hyperlink to another source is the end of the experience for the end-user. The tendency to link to general information on another website does not guarantee they are going to find what they are looking for and more often than not, ends with a frustrating circular experience.
4. **Language:** accessibility aside, jargon and formal language alienate end users. Website and communication materials must always be in plain language.

### Social Factors

1. **Contact:** Not knowing or being able to immediately find who to contact is one of the biggest frustrations for users. If personal contact is limited or response takes time—say so. Be clear with expectations up front.
2. **Participation:** Digital platforms are expected to be interactive and immediate. Delayed, faulty, or no response almost always works against you.
3. **Transparency:** People want facts delivered in short easy to digest chunks, no spin, and no hidden info (hello PDFs).
4. **Ratings:** People need other people's feedback and opinion for evaluation and referral. Testimonials, case studies, and success stories add credibility and legitimacy to the content.



## Visual/Architectural Factors

1. **Search:** We live in a “Google-y proven” environment. If the site functionality cannot deliver a quality search —users opt-out and find other sites where information can be more easily accessed.
2. **Navigation:** Menus and sub-navigation are critical. Clear organization has a major impact on an audience or end user’s ability to complete tasks and find information quickly and easily.
3. **Layout:** Clutter kills content every time. Clean, simple design requires thoughtful planning and takes time and skill. Branding, consistency, and strong design are well worth the investment.
4. **Speed:** We’re all in a hurry. Speed is of the essence. Load time is critical, navigation, and the number of clicks needed to get to the information can make or break the user’s quality experience.

## Importance of branding

Your brand is your promise. Essentially, it sums up who you are and what you intend to deliver to the end-user. The more clear you can be about your intention and mission the better. Brands that over-promise and/or under-deliver are destined for failure. A brand must be an accurate representation of our true capability—what you are and what you promise to always be. Your brand is key to customer goodwill and loyalty. It’s your number one value-proposition.



**MOST IMPORTANTLY,** a brand is your opportunity to create an emotional connection and a long-standing relationship with your audience.

That said, well-defined brands will also help guide marketing and advertising efforts. For example, the Department of Health is an overarching symbol of health and wellbeing for the citizens of South Dakota and as such its brand should be factual, evidence-based, and direct. As mentioned earlier, the delivery of communication and messaging are by nature more formal and administrative. This is not to say that the brand cannot be friendly or even somewhat playful in tone (when appropriate), but it does need to convey an authoritative voice and presence as well.

The Maternal Child Health/Family and Child Development program also has a formal side in terms of providing required data and reporting, following guidance on national performance measures, and setting statewide specific goals and objectives. This mid-level department presence exists to some extent in the [Family & Child Development](#) section of the DOH website, but lacks consistent structure or voice. There is no clear hierarchy or organizational structure to the content, but rather it exists as an outline featuring a variety of on and off-site links. There is no established MCH personality or brand for staff, partners, or consumer-side end users. Consistent use of a program brand would allow MCH the opportunity to connect with all users in a useful, meaningful, and emotional way.

There are several DOH/MCH brands that have been established (see content analysis) to connect and enhance the relationships with known priority population groups in South Dakota. These brands provide the mechanism by which the Maternal Child Health program can:

- address limited access to healthcare, rural landscape, geographic isolation
- deliver specific personalized messaging related to risk factors, program availability and benefits, and strategies for ongoing health, wellness and well-being



## PROGRAM GOALS & COMMUNICATION OPPORTUNITIES

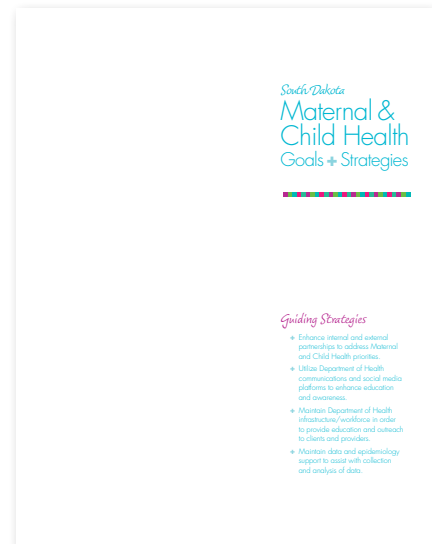
Again, one of the goals of this needs assessment is to connect broad program goals with audience-specific communication strategies and marketing tasks. Listed here are some communication-related goals and strategies (taken from the existing MCH guiding document) followed by recommendations for enhancing communication by improving or expanding website content and developing new or leveraging existing advertising campaigns.

### South Dakota Maternal & Child Health Goals & Strategies

#### + Guiding Strategy 1: Enhance internal and external partnerships to address Maternal Child Health priorities.

##### Communication Opportunity:

- Clear “About Us & Our Mission” content explaining how MCH meets its established priorities would help increase trust and interest in collaboration, especially among administrative level staff, partners, and community leaders.
- Clear connections between goals and marketing efforts allow staff and partners to understand what is being done to address the data and where they can find related information or direct end-users.



#### + Guiding Strategy 2: Utilize Department of Health communications and social media platforms to enhance education and awareness.

##### Communication Opportunity:

- Reorganize existing MCH content using existing DOH infrastructure to designate a space for formal MCH messages. This would be quicker than creating an entirely new site and could provide a band-aid for current communication challenges.
- Develop new designated MCH content for mid-level administrative staff and partners to serve as a clearinghouse to bridge more formal DOH information and consumer-facing content.
- Rebuild existing FBS infrastructure to accommodate consumer-facing digital content and provide a location for advertising messages to land. This would allow for audience expansion and ability to amplify additional brands including WIC, Cōr Health, and Got It Covered.

#### + Guiding Strategy 3: Maintain DOH infrastructure/workforce in order to provide education and outreach to clients and providers.

##### Communication Opportunity:

- Websites can be robust education and outreach tools when they have the functionality built in to accommodate training, ongoing education, accreditation, event management, and shopping or easy materials ordering. Automating some of these services would ease the burden on MCH staff allowing them to point partners and end-users to a single location and streamline outreach efforts.

## + Guiding Strategy 4: Maintain data and epidemiology support to assist with collection and analysis of data.

### Communication Opportunity:

- A website is a valuable resource in collecting and analyzing data. Websites built to take advantage of Google Analytics enable us to dig deep, monitoring which information online resonates with site visitors.
- Websites built to accommodate data dashboards not only allow the data to be presented in a visually appealing manner but also provide the most current and instantly accessible data to staff, partners, and end users.

## Maternal Child Health Goals

### + Goal 1: Improve the quality, accessibility, and effective use of healthcare.

#### Communication Opportunity:

- Via Google Analytics, we can pull website metrics like pageviews, time spent on pages, and user location. Over time, these measurements are a vital tool in gauging program impact.

### + Goal 2: Support life-long health for all South Dakotans.

#### Communication Opportunity:

- End-user content is very different from administrative content. For information to motivate specific audience segments and change-behavior it must be presented in such a way as to resonate with the intended audience. Consumer-facing brands, websites and digital presence provide a means of delivering this information to end-users in a meaningful way. Developing robust administrative content and tools will enhance the opportunity for staff, partners, and advocates to provide additional support to end-users to help guide their decision making.



### + Goal 3: Prepare for, respond to, and prevent public health threats.

#### Communication Opportunity:

- As evidenced by the recent COVID-19 pandemic, broadcast and social media platforms proved useful tools for updates, however, public health crises require more nuanced and extensive information. Websites can do the heavy lifting in these situations by housing large amounts of easily accessible, navigable, and searchable information. Conversely, aging infrastructures and navigation can work against you by limiting your ability to add new content quickly or assign a location that's intuitive. This results in a confusing web of new pages, buttons, and off-site links or portals that negatively impact the user journey resulting in the impression that the content either doesn't exist or isn't reliable or trustworthy.

**Goal 4: Develop and strengthen strategic partnerships to improve public health.****Communication Opportunity:**

- A web presence beyond social media gives strategic partnerships solid ground to stand on. A website can be an effective hub for program information and brand building that connects the dots for end-users in a more complete way. Broadcast advertising and social media platforms simply aren't designed to accommodate this bigger picture.

**Goal 5: Maximize and strengthen infrastructure of the Department of Health.****Communication Opportunity:**

- Again, the DOH website is a relatively formal space that is likely being underutilized by staff and partners given its aging infrastructure. Proper planning for a task-based structure will take time. In the meantime, information specific to South Dakota's women of child-bearing age, young families, youth, and young adults can be delivered with existing brands and a single rebuild/restructure of the For Baby's Sake website.

**MCH Audiences**

The Maternal Child Health program is geared to serve a number of broad audiences. To date marketing efforts have been focused on the following primary and secondary groups with special attention being paid to those who fall into at-risk categories or experience additional challenges such as:

- Low-socioeconomic status (SES) (lower income, lower education)
- Less access to information
- Overlapping chronic conditions, disabilities, or mental health concerns
- Rural populations where services are sparse and/or not consistent

**Primary Audiences:**

- Women of childbearing age
- Pregnant & postpartum women
- Parents & young families
- Adolescents & young adults
- American Indians

**Secondary Audiences:**

- Grandparents, caregivers, extended family
- Healthcare providers

## What we know about them

Broadly speaking, the MCH primary audiences fall into two generational categories that have been defined as the Millennial and Gen Z (or iGen) generations. Following are some key characteristics to keep in mind when thinking about consumer-facing messaging and branding.

# MILLENNIAL CHARACTERISTICS (Age 25-37)



- Make up **25% of the population** & are the largest “adult” population
- Generally, **better educated than** previous generations but there is a **sharp divide between financial well-being** of those with college degrees and those without
- They **like to travel** both **domestically** and **abroad** and crave adventure
- **53% of Millennial households include children**, but they wait longer to start families
- **Parenting is a partnership**—mom and dad have equal roles
- **Everyone works**: despite a reputation for job hopping, they are just as likely to stick with a job as Gen X workers
- **Housing insecurity** (some moved home), less accumulated wealth



- **21% of consumer discretionary purchases** which is estimated to be over 1 trillion in buying power
- Seek **purchases that align with their causes** even if it means paying more
- Brands that stand for more than their **bottom line** get more love, brands that **entertain** get more attention



- **2.5X more likely** to be early adopters of technology
- **Useful is the new cool** (tech must serve a purpose)

## How to reach them

- 46% report having 200+ Facebook friends
- Short, clear chunks of information
- Facts backed by science—please
- Benefit oriented—what’s in it for me?
- Ask their opinion—70% feel a responsibility to share feedback
- Authentic testimonials—they follow, believe, and value recommendations and opinions of their peers

# GEN Z (iGEN) CHARACTERISTICS (Age 13-24)



- Make up **25-36% of the population** (more than Baby Boomers)
- Highly skilled **multi-taskers**
- Have absolutely **zero patience for inequality** (gender, race, sexual orientation)
- **In no hurry to grow up**
- **Mentally vulnerable**, experiencing unprecedented levels of anxiety, depression, loneliness, and much higher rates of mental health issues



- Somewhat **insecure, obsessed with safety & worried about economic futures**



- **Grew up with cell phones**, do not remember a time before the internet
- **Technology has shaped them**, smart phone first (even low-income teens)
- **Online personas/activities** get **more emphasis** than real-life social experiences

## How to reach them

- Social media platforms
- Facts backed by sources (tech-savvy—they'll verify)
- Short, clear chunks of information without a sales pitch
- Emphasis on:
  - Inclusion
  - Safety
  - Benefits for all
  - Benefits for environment
- How-to, steps for, reasons why...

## CONTENT ANALYSIS

As we continue to determine areas of improvement for communication efforts and define specific marketing objectives, we begin with an overview of DOH/MCH digital spaces and brand assets. While the South Dakota Department of Health website is not the focus of this Needs Assessment, it serves as an umbrella brand and repository for MCH content that is relevant to staff, partners, healthcare providers, advocates and, to some extent, end-users. It's important to understand the relationship between DOH and MCH brands and the type of content each space includes in order to best address overarching communication goals, eliminate duplication, and streamline marketing efforts.

This section briefly describes the history of the brands, offers some key information related to what we know about each current website's infrastructure, available analytics, and corresponding impact from social media pages/profiles. We will also identify strengths/opportunities, weaknesses, and describe sample user journeys for the following:



MCH Landing Page  
doh.sd.gov/family



ForBabySakeSD.com  
facebook.com/ForBabySakeSD



facebook.com/CorHealthSD  
instagram.com/CorHealthSD



sdwic.org  
facebook.com/SouthDakotaWIC



facebook.com/GotItCoveredSD



## South Dakota Department of Health

### History: Department Of Health Website

The earliest version of the DOH website went live in 2007. Six years later, in June of 2013, the website was revamped. While the site's homepage became more graphic, the organizational structure and categories remained much the same. Programs, audiences, areas, records, and key data are all identified by icons on the home page and assigned sections where sub-categories can be accessed.

The site contains an enormous amount of important public health information, but the search function is a basic Google plug-in which limits accurate results, especially when much of the most important content is hidden within PDFs. Additionally, much of the live text available on the various section landing pages contains very little practical information as descriptions are limited and a high number of extraneous links are present. This combination tends to confuse or frustrate users rather than aid in their search for information.

### What We Know

The DOH website plays an integral role as the parent-organization and umbrella over a number of consumer-facing digital brands and assets. It appears that the DOH website has historically been used primarily by individuals and businesses seeking information on professional licensing boards (7 of the top 10 pages viewed in 2019). The Home page, Certificates and Records page, and the A-Z Topic Index rounded out the top 10, which accounted for nearly 1/3rd of all page views in 2019. This reinforces the idea that the DOH website is currently being used in a more formal way by professionals, partners, and staff, as opposed to being frequented by the general public.

In 2020, overall page views saw a more than 8 fold increase with only the Home page and Board of Nursing Verification page remaining in the top 10 from the prior year. A dramatic number of new pages, portals, and additional content was created for the site in response to the COVID-19 pandemic. And, while the traffic increases in 2020 could be considered an anomaly given the circumstances, overall public awareness of the DOH website has dramatically increased as well. The unknown going forward is whether the new consumer audience will adopt the site as a trusted resource and continue their frequent visits.

### DOH Top 10 Most Viewed Pages 2019 & 2020

Because of the way the site is built, the full range of Google Analytics is not available to give a complete picture of user insights, but we were able to pull some basic metrics for comparison.

Three of the top ten most visited pages in 2020 were directly related to new COVID content. Nursing boards and records pages also saw significant increases, again, reinforcing the notion that the DOH website is being used in a more formal way by professionals, partners, and staff, as opposed to being frequented by the general public.

MOST PAGE VIEWS	2019	# OF PAGE VIEWS	2020	# OF PAGE VIEWS (% increase/ decrease over 2019)
1	<a href="https://doh.sd.gov/boards/nursing/verificationlink.aspx">doh.sd.gov/boards/nursing/verificationlink.aspx</a>	109,667	<a href="https://doh.sd.gov/COVID">doh.sd.gov/COVID</a>	12,210,564 (New)
2	<a href="https://doh.sd.gov">doh.sd.gov</a>	64,669	<a href="https://doh.sd.gov/COVID/Dashboard.aspx">doh.sd.gov/COVID/Dashboard.aspx</a>	2,293,069 ((New)
3	<a href="https://doh.sd.gov/boards/nursing">doh.sd.gov/boards/nursing</a>	54,674	<a href="https://doh.sd.gov">doh.sd.gov</a>	1,548,352 (+2,294%)
4	<a href="https://doh.sd.gov/boards/nursing/licensure.aspx">doh.sd.gov/boards/nursing/licensure.aspx</a>	38,099	<a href="https://doh.sd.gov/news">doh.sd.gov/news</a>	150,506 (+4,915%)
5	<a href="https://doh.sd.gov/boards/nursing/discipline.aspx">doh.sd.gov/boards/nursing/discipline.aspx</a>	35,017	<a href="https://doh.sd.gov/boards/nursing/verificationlink.aspx">doh.sd.gov/boards/nursing/verificationlink.aspx</a>	98,630 (-10%)
6	<a href="https://doh.sd.gov/boards/pharmacy">doh.sd.gov/boards/pharmacy</a>	32,947	<a href="https://doh.sd.gov/COVID/Calculator">doh.sd.gov/COVID/Calculator</a>	95,313 (New)
7	<a href="https://doh.sd.gov/records">doh.sd.gov/records</a>	29,952	<a href="https://doh.sd.gov/statistics">doh.sd.gov/statistics</a>	88,823 (+827%)
8	<a href="https://doh.sd.gov/boards/nursing/NurseLicensing.aspx">doh.sd.gov/boards/nursing/NurseLicensing.aspx</a>	27,447	<a href="https://doh.sd.gov/boards/nursing">doh.sd.gov/boards/nursing</a>	60,385 (+10%)
9	<a href="https://doh.sd.gov/a-z-topics">doh.sd.gov/a-z-topics</a> <a href="https://doh.sd.gov/boards">doh.sd.gov/boards</a>	25,527	<a href="https://doh.sd.gov/a-z-topics">doh.sd.gov/a-z-topics</a>	59,664 (+134%)
10	<a href="https://doh.sd.gov/boards">doh.sd.gov/boards</a>	24,120	<a href="https://doh.sd.gov/records">doh.sd.gov/records</a>	54,808 (+83%)

## Social Media Impact

Here again, HPI does not manage DOH branded social media accounts, but the DOH presence on Facebook, Twitter, and YouTube serves as a formal umbrella and outward facing public health messaging entity and does have an impact on the consumer-oriented brands and digital assets we do manage. While the general public may not need to be aware of the connection between DOH and the For Baby's Sake or Cōr brands, staff, partners, community leaders, and healthcare professionals and advocates can benefit from understanding these relationships. For example, if staff and partners were more familiar with using FBS as a regular go-to resource, one easy way to show this connection would be to share content directly from these brands on their personal social media pages and/or the pages they manage.

## User Journey

User journeys help us step into the shoes of specific audience members in order to gain valuable insight from their unique experiences. Each audience has different questions, technical capabilities, and priorities. By breaking their actions down into a step-by-step process, we can begin to understand how they seek information. User journeys are a critical step when redesigning or reviewing websites, assessing social media platforms, and planning advertising campaigns as they help us identify problems a user may run into or barriers that can cause them to become confused or frustrated.



There are a number of ways to illustrate user journeys and we will feature several in detail as we take a closer look at MCH platforms in this section. Because the DOH website is not the focus of this Needs Assessment, we offer some general observations and examples.

The DOH navigation is organization-centered, which means that the site's categories and content are not intuitive for the average user. There is no obvious hierarchy present in the main navigation nor in the way the content is organized on the home page or on internal child pages. Additionally, there is overlap and duplication which further confuses users and counts against the site from a Search Engine Optimization (SEO) standpoint.

The graphic here highlights some of the duplication and points of confusion users face on the homepage. Notice how, the language for categories is inconsistent and there is no clear hierarchy.



## DOH Website: Strengths &amp; Weaknesses

STRENGTHS	WEAKNESSES
DOH became widely-recognized as a result of the COVID-19 pandemic	Aging infrastructure, organization-centered content, limited functionality and search negatively impact user experience
Brand recognition increased significantly in 2020 as DOH became a household name and authority on public health	Due to the way the site is built, the full range of Google Analytics is not available limiting your ability to: <ul style="list-style-type: none"> <li>• track pages and content being consumed</li> <li>• use insights to better manage content,</li> <li>• and inform marketing campaign strategies</li> </ul>
Evidence-based information that aligns with trusted science-based sources	The site is teaching “worst practices:” <ul style="list-style-type: none"> <li>• Unclear navigation, and broad content categories (A-Z lists) work against specific user queries.</li> <li>• Users who access the site regularly have become used to the clunky organization and quirks which perpetuate digital use bad habits</li> <li>• A user’s inability to understand the organizational structure and inability to search can lead to a frustrating user experience</li> </ul>
South Dakota-specific data, stats & information	The number of off-site links and portals make it impossible to know if users are finding the information they seek.
Home to a wealth of useful (if somewhat hidden) information	Live-text describing key services or important content is limited.  Critical information is often housed in PDFs which also limits SEO.
Connection to related programs, services and statewide resources	Accessibility (508 Compliance) is limited given the current infrastructure.



## Family & Child Development (MCH section) on DOH

### What We Know: Google Analytics for Family & Child Development

The designated [MCH section on the DOH website](#) is an encyclopedia of broad information. For those who know exactly what they are looking for and understand the nuances of the various programs and related service hierarchies, a wealth of useful information can be accessed. Some general observations based on Google Analytics include:

- In 2020, the MCH landing page received a total of 12,596 pageviews. Of those, just over half (6,466) were unique, and only 3,990 were from South Dakota IP addresses.
- The average amount of time users are spending on the MCH landing page is 22 seconds, which generally represents an unsatisfied user or someone who has employed a routine path to finding familiar information.
- Because of the site's architecture, it's difficult to estimate how many visitors clicked on one of the many external links and were rerouted off-site for what they were looking for.
- It's also impossible to know if the external link fulfilled their search and provided the information they were looking for.

### Top Page Views for MCH section pages in 2019 & 2020:

Of the top 10 pages visited in 2019 and 2020, only 4 pages saw increased traffic in 2020.

MOST PAGE VIEWS	2019	# OF PAGE VIEWS	2020	# OF PAGE VIEWS (% increase/decrease over 2019)
1	<a href="https://doh.sd.gov/family/childhood/immunization">doh.sd.gov/family/childhood/immunization</a>	14,178	<a href="https://doh.sd.gov/family">doh.sd.gov/family</a>	12,596 (+70%)
2	<a href="https://doh.sd.gov/family/childhood/immunization/school.aspx">doh.sd.gov/family/childhood/immunization/school.aspx</a>	11,162	<a href="https://doh.sd.gov/family/childhood/immunization">doh.sd.gov/family/childhood/immunization</a>	12,284 (-13%)
3	<a href="https://doh.sd.gov/family/childhood/immunization/request-record.aspx">doh.sd.gov/family/childhood/immunization/request-record.aspx</a>	7,651	<a href="https://doh.sd.gov/family/childhood/immunization/school.aspx">doh.sd.gov/family/childhood/immunization/school.aspx</a>	9,207 (-18%)
4	<a href="https://doh.sd.gov/family">doh.sd.gov/family</a>	7,421	<a href="https://doh.sd.gov/local-offices/child-family-services">doh.sd.gov/local-offices/child-family-services</a>	6,851 (+10%)
5	<a href="https://doh.sd.gov/local-offices/child-family-services">doh.sd.gov/local-offices/child-family-services</a>	6,235	<a href="https://doh.sd.gov/family/childhood/immunization/request-record.aspx">doh.sd.gov/family/childhood/immunization/request-record.aspx</a>	6,587 (-14%)

MOST PAGE VIEWS	2019	# OF PAGE VIEWS	2020	# OF PAGE VIEWS (% increase/decrease over 2019)
6	<a href="https://doh.sd.gov/local-offices/family-planning">doh.sd.gov/local-offices/family-planning</a>	4,297	<a href="https://doh.sd.gov/local-offices/family-planning">doh.sd.gov/local-offices/family-planning</a>	4,087 (-5%)
7	<a href="https://doh.sd.gov/family/wic">doh.sd.gov/family/wic</a>	2,895	<a href="https://doh.sd.gov/family/childhood/immunization/links.aspx">doh.sd.gov/family/childhood/immunization/links.aspx</a>	1,875 (+41%)
8	<a href="https://doh.sd.gov/family/childhood/immunization/schedule.aspx">doh.sd.gov/family/childhood/immunization/schedule.aspx</a>	2,700	<a href="https://doh.sd.gov/family/wic">doh.sd.gov/family/wic</a>	1,683 (-42%)
9	<a href="https://doh.sd.gov/family/childhood/immunization/MiddleSchool.aspx">doh.sd.gov/family/childhood/immunization/MiddleSchool.aspx</a>	2,474	<a href="https://doh.sd.gov/family/childhood/immunization/schedule.aspx">doh.sd.gov/family/childhood/immunization/schedule.aspx</a>	1,659 (-39%)
10	<a href="https://doh.sd.gov/family/childhood/immunization/HPV_Vaccine.aspx">doh.sd.gov/family/childhood/immunization/HPV_Vaccine.aspx</a>	1,674	<a href="https://doh.sd.gov/family/newborn/blood-spot">doh.sd.gov/family/newborn/blood-spot</a>	1,226 (+440%)

### DOH Homepage & MCH Landing Page Metric Comparisons

A quick side-by-side comparison of some of the most common website metrics shows the number of unique pageviews and SD pageviews for both landing pages has increased from 2019 to 2020. The extensive time spent on the MCH landing page suggests visitors may be trying to find what they need, but page organization is slowing them down. Overall, there is potential to improve the organizational structure and content on the page to more efficiently direct users to the information they are seeking.

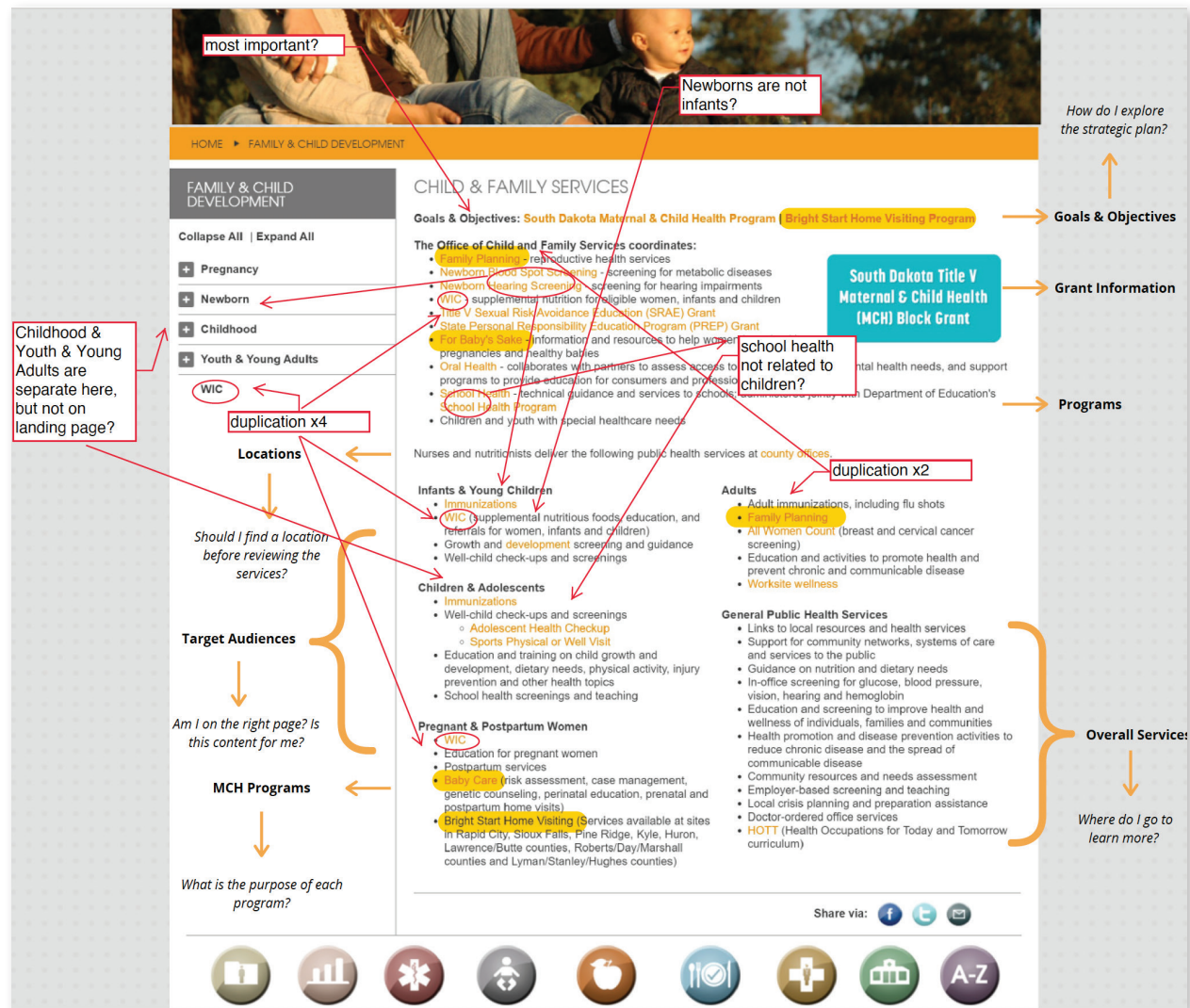
DOH HOMEPAGE	2019	2020	MCH LANDING PAGE	2019	2020
Unique pageviews	50,061	1,266,956 (+2,431%)	Unique pageviews	3,199	6,466 (+102%)
SD pageviews	33,562	723,491 (+2,056%)	SD pageviews	2,269	3,990 (+76%)
Time Spent on Page	36 seconds	23 seconds	Time Spent on Page	28 seconds	22 seconds
Bounce rate	25.49%	22.33%	Bounce rate	10%	18%

## User Journey

Users who make their way to the MCH section of the DOH website are likely to be confused by the page navigation and content organization unless they have visited before and/or know exactly where they are going and what they are looking for. Here again, programs, audiences, and subjects are combined, duplicated, similarish, or presented as overly-general topics. Additionally, services are not well-defined, sections are not explained, and there is no indication as to what a user will find when they click on the various page links. For example: when a user clicks on a link, any of the following could occur:

- Trigger a dropdown menu
- Trigger a PDF download
- Take the user to an off-site source
- Connect the user to another internal page

The graphic here, illustrates some of the duplication, incomplete information, and confusion that could be caused due to lack of clear navigation and a hierarchical organizational structure.





## MCH Landing Page: Strengths &amp; Weaknesses

STRENGTHS	WEAKNESSES
MCH programs serve a number of South Dakotans in priority populations: pregnant women, families, youth and adolescents, low income and SES	Page hierarchy is confusing with inconsistent categories, titles, and a mix of subject, audience and services.
MCH is an obvious umbrella program with the ability to connect South Dakotans to a large number of overlapping services and critical health and wellbeing information.	<p>Because MCH content is housed on the DOH site the content is very formal and used predominantly by staff, partners and healthcare professionals.</p> <p>From a public use standpoint, the priority populations and audiences MCH intends to serve will likely have a difficult time finding the information they need quickly.</p>
MCH has invested in a number of consumer-facing brands (For Baby's Sake, WIC, Cōr & Got It Covered) and digital spaces which strengthen the MCH mission by strategically targeting specific at-risk and priority populations and providing consumer-oriented content	<p>Programs and services are not well described and the high number of internal, external, and PDF download links result in a frustrating user journey.</p> <p>The formal language and limited descriptions contributes to user frustration and disorientation when users click on links and do not find the content they expected or were looking for.</p>
	Most of the doh.gov/family pages are focused on lists of where, when, and who with very little (or no) information on why or how the information provided can help or benefit end users.
	Duplicate, repetitive, and similar content leads to user frustration (i.e. WIC is called out 4x, newborns vs infants, young children vs children and adolescents).
	Side-navigation is not intuitively organized and is underutilized .
	Live-text describing key services or important content is limited. Critical information is often housed in PDFs which also limits SEO.
	Accessibility (508 Compliance) is limited given the current infrastructure.



## For Baby's Sake

### History: Decrease Infant Mortality

The For Baby's Sake brand was created in 2012 in response to a need for statewide infant mortality prevention education. The following year, an awareness campaign featuring First Lady Linda Dugaard was developed and launched. The campaign was designed to introduce the FBS brand and featured messages related to safe sleep, identifying the early signs of pregnancy, benefits of prenatal care, and immunization. Broadcast components ran statewide, with American Indian-specific radio running on Native stations through the spring of 2018.

Since then, the brand has become an established DOH asset featuring a well-trafficked website and popular Facebook page specifically geared toward women of child bearing age, families, and caregivers. Although statewide television placement has ceased, radio flights have continued to be placed when budget allows. In 2020, a new American Indian-specific radio spot was produced to focus on mental health and the signs of postpartum depression.

Over the years, website content has expanded to include messaging around immunization, prenatal care, well-woman check-ups, and most recently, preconception health and planning. In 2019, a content audit was conducted on the For Baby's Sake website. The aging site infrastructure and the Maternal Child Health program's desire to address additional subject matter including parenting, mental health, and general well-being were taken into consideration along with the launch of the Cōr brand and messaging designed specifically for parents of teens and youth and young adults to promote mental, reproductive, and physical health.

### What We Know: Highlights from the 2019 Content Audit

The For Baby's Sake website contains useful and meaningful information that aligns with the program's guiding strategies and goals. It also matches up with focus group and consumer research suggesting that busy young women and families want reliable, local information delivered in clear, bite-size chunks.

But, user expectations have evolved as search options have become more universal, website navigation has improved, and accessibility has taken on a more important role in the digital landscape. How content is written, displayed, and organized on a site, and the emphasis on mobile-first design and functionality, are key to the success of delivering content to users efficiently and effectively.

A number of rebuild priorities were identified to leverage existing brand loyalty and improve performance and user-experience:

- **Responsive web design:** nearly all users access the site from a mobile device. Google uses mobile-first indexing as a baseline to rank websites in search engine results.
- **Intuitive navigation:** content should be organized in straightforward, topical, audience specific categories to allow for quick and easy scanning and navigation.
- **Improve access to content:** eliminate content hidden in accordions, describe PDF content, and employ a parent child page architecture to improve user experience, accessibility, and SEO.

## Social Media Impact

### Facebook/Instagram

**US Census Data** indicates that in 2019 there were around 104,000 households in South Dakota with one or more people under 18 years of age. In 2020, FBS Facebook/Instagram ads reached 210,052 South Dakotans at a 17.4 frequency.

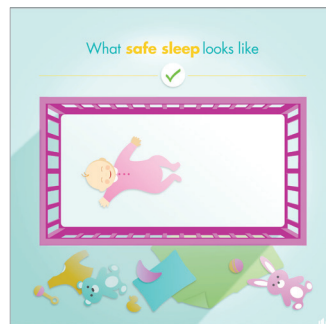
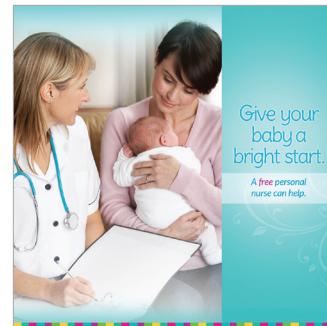
In any given quarter, the FBS Facebook page is promoting between 12 and 15 specific messages to a variety of key audiences aligning with the brand's core marketing objectives of:

- Increasing awareness of safe sleep guidelines
- Increasing awareness of the early signs of pregnancy
- Encouraging prenatal care
- Encouraging immunization & providing education related to vaccination schedules
- Encouraging preconception health & planning including well-woman & well-child visits
- Connecting South Dakotans with programs and resources (i.e. Bright Start & WIC)

Audiences include:

- Parents w/kids under 1, and pregnancy interests, 16-55, Female (120,000)
- Parents w/kids under 1, and pregnancy interests, 16-55, Female (82,000)
- Expectant Parents, and pregnancy interests, 18-45, Female (79,000)
- Expectant Parents and Parents w/kids under 2, 16+ (43,000)
- Parents w/kids under 1, and pregnancy interests and low income 16-30 (21,000)
- Healthcare Professionals (37,000)

### Facebook Sample Ads





## Paid Google Search

With an extraordinary average click-through-rate (CTR) of 2.6%, the FBS Google Search ad routinely accounts for around 17% of all website traffic. This is confirmation that the FBS primary audiences are seeing the ads and are clicking through to the website for more information.

- In 2020, the FBS Google Search Ad received 2,274 clicks. Keep in mind, these clicks came from a highly-qualified audience of South Dakotans actively using Google Search to research early signs of pregnancy, infant bedding safety, postpartum depression, and other pregnancy and parenting topics. Messaging critical to priority populations was delivered to exactly the right audience.
- Total impressions for 2020 were 151,454
- 70% of searchers were below 44 years old & most were female

## YouTube

The FBS **Awareness** ad focuses on core messages (safe sleep, identifying the early signs of pregnancy, benefits of prenatal care, and immunization) and is promoted as a YouTube In-Stream video:

- In 2020, this ad was watched in its entirety (full-views) 69,142 times
- This ad had the highest full-view rate of all DOH accounts at an impressive 68%
- Total impressions for 2020 were 158,256
- This promotion was served to South Dakotans viewing other YouTube videos related to pregnancy, infant care, and infant bedding safety as well as South Dakota females, younger than 45, with pregnancy and parenting interests

## Snapchat

This platform is primarily used to reach younger demographics and was added to the FBS mix in March of 2020. Snapchat reports a South Dakota audience of 81,000 female users between 16-25 years old. While the available metrics are not nearly as robust as other platforms, we have seen positive results in terms of reaching younger demographics and have had significant success related to generating website visits.

- Since March 2020, FBS Snapchat ads reached 89,818 people an average of 9x.
- Snapchat ads were responsible for increasing website visits by 93% over 2019 among those between the ages of 18-24.

## Social Media Overall

In 2020 overall, social media promotions accounted for 91% of all website visits, which were up from 82% in 2019. With limited promotional budget and 12-15 messages to deliver, social media ads have allowed FBS to effectively reach its primary target audience. Campaign efforts also:

- Reinforced & grew brand awareness
- Raised awareness of the Bright Start program
- Raised awareness related to the dangers of COVID-19 complications during pregnancy
- Raised awareness around symptoms of postpartum depression
- Educated on the importance of vaccination schedules
- Raised awareness of the dangers of alcohol, drug, and nicotine use during pregnancy

## FBS Website



**REMINDER:** the FBS website launched in 2012. At the time, Google Analytics had only been in existence for a few years and just over half of the 10,000 most popular websites were tracking analytics at all. It goes without saying that digital trends and best practices have changed dramatically. Similarly, website design and information architecture strategies are also vastly different today.

**Example:** the FBS accordion structure was a cutting-edge trend intended to help organize page content and reduce clutter. Advances in menu structure, search tools, and a new emphasis on plain language and accessible content (fewer dropdowns, descriptions for PDFs, etc.) have rendered accordions nearly obsolete from a website design standpoint. The evolution of analytics has also outgrown the accordion-style structure making it difficult to track website visits and time spent per page accurately.

**Key takeaway:** websites and platforms will continue to change as will the way we measure them. It's in our best interest to plan for routine upgrades designed to provide users with the most relevant content in keeping with best practices while taking advantage of technological and analytic advances.

Today, there are dozens of website metrics that can be measured. Many of the most common metric standards are relevant to commercial sites with e-commerce functionality. Because the FBS website was designed to be a source for education, provide evidence-based health and wellbeing information, and point to local or statewide resources, some of these standard measurements simply do not apply.

Determining whether a reported metric is good or bad can depend on a number of variables such as:

- Marketing objective
- Budget
- Audience size
- Messaging goal
- Website capability +/- infrastructure

There are however, a number of metrics that are considered cornerstones of a solid user experience (UX) including:

**Website Traffic** – both “sessions” and “users” are important. A “session” is a visit to the website. A “user” is an individual person who has initiated at least one session. *Please note: HPI reports US traffic because many SD visits come from mobile devices. A high proportion of cell phone carriers map IP addresses through centralized data centers. This means that even though the website visit occurred in-state, the user's IP may show up from Minneapolis or even as far away as Chicago.*

**Pageviews** – total number of pages viewed. Repeated views of a single page are counted.  
(Sessions x Pages per Session = Pageviews)

**Pages per Session** – the average number of pages a user views in a given session.

**Average Session Duration** – the average time users spend on site in a given session.

**Percentage of mobile visits** – the percentage of sessions on a mobile device. On average, more than 85% of ForBabySakeSD.com website traffic comes from mobile devices (phones and tablets). This means that ensuring the site functions quickly with mobile User Experience (UX) design in mind is critical.

**Site Speed** – in today's digital world, the shorter the page load time, the better. Milliseconds translate into user sessions that can be lost if the user's expectations aren't met immediately. According to Google optimal site speed should be around .5 seconds

**Bounce Rate** – the percentage of visitors to the website who navigate away from the website after viewing only one page. The average Bounce Rate for websites as reported by Neil Patel, a trusted resource for digital marketing, is around 58%. The FBS website Bounce Rate is well above this benchmark by design.

We target very specific audiences with social media messages and send them directly to the information on the website that is most relevant to them. In other words, we aren't wasting any of their time by sending them to a general page or requiring them to visit multiple pages to find the information for themselves.

FORBABYSAKESD.COM	2019	2020	COMMENTS
Sessions	10,689	13,709	<b>A POSITIVE SIGN!</b> This is a 28% increase over 2019.
Users	9,393	12,416	<b>LOOKIN' GOOD!</b> There was a 32% increase from 2019 to 2020.
Number of Sessions per User	1.14	1.10	Active engagement could be better.
Average Pages per Session	1.28	1.25	Upgraded infrastructure would allow better tracking.
Average Session Duration	00:27	00:23	<b>ONE TO WATCH...</b> While 00:23 may not seem like something to celebrate, consider that when users enter and exit the same webpage, the session duration is counted as 00:00. This skews the average session duration down significantly. The outdated accordion structure also makes it difficult to accurately track user activity.  The Average Time on Page in 2020 was 01:31 gives us a more accurate picture of the amount of time users spent on the site.
Pageviews	13,647	17,091	<b>UP AND UP!</b> In 2020, there was a 25% increase in Pageviews over 2019.

FORBABYSAKESD.COM	2019	2020	COMMENTS
Bounce Rate	84.44%	87.31%	<p><b>ROOM TO IMPROVE!</b> Because we send users directly to the information we want them to see, the FBS bounce rate is higher than average.</p> <p><b>BUMMER.</b> The outdated accordion structure allows users to see a range of content and topics but Google analytics shows them only being on one page and counts them as a 100% bounce rate with a session duration of 0:00 seconds.</p>
Site Speed (page load time)	4.6 seconds	5.26 seconds	<p><b>YIKES!</b> According to Goggle, the average load time should be around .5 seconds but given the site's aging infrastructure the current load time leaves something to be desired. We've made the best of the situation by using a social media strategy that directs traffic to the exact content they are interested in so a full page-load isn't required.</p>
% of Visits from Mobile	85%	88%	<p><b>TRENDING UP!</b> The % of mobile visits continues to increase year to year, a trend that is likely to continue.</p>

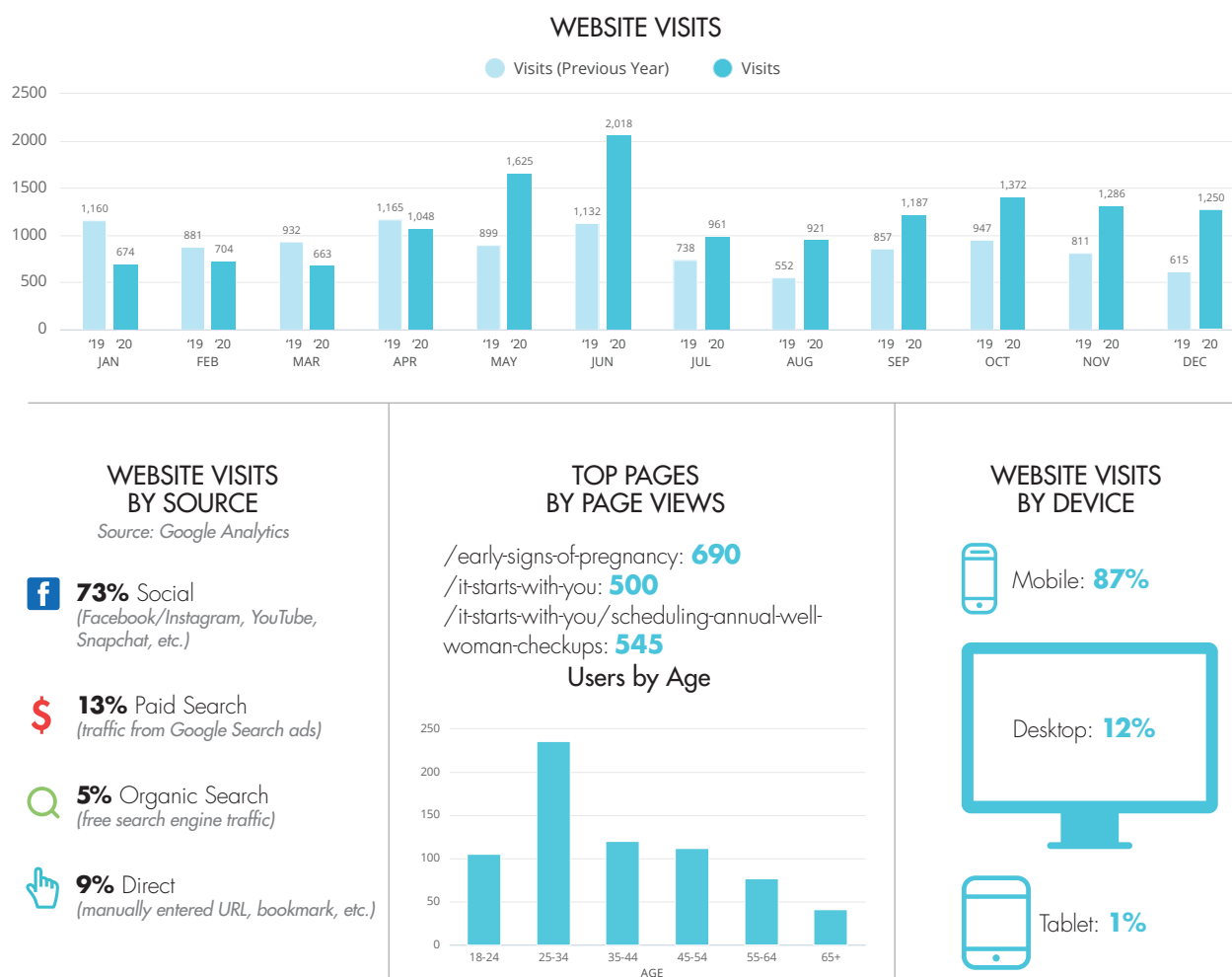
In spite of an aging infrastructure, the FBS website has become a resource for South Dakota parents, young families, and caregivers. With social media driving traffic, we are able to identify specific target audiences and direct them to the content that is most relevant to them.

For example, Safe Sleep messaging is always in the rotation. In the fourth quarter of 2020, the "11 Safe Sleep Guidelines" post was promoted to a statewide audience of parents and caregivers of around 120,000 people. The post reached 77% of that audience over 5x and has generated 720 link clicks to the safe-sleep guidelines content on the site.

Website visits increased significantly (28%) from 2019 to 2020 and we continue to see steady growth. Site visitors mirror the MCH program's primary target audience of women of childbearing age. Most are predominantly female (78% in 2020) and just over half (50.5%) fall between the ages of 18-34 while the next largest group (41%) fall between the ages of 35-65. The vast majority of visitors (87%) are using a mobile device.



## Social Media Report Website Highlights: October-December 2020



### DOH/FBS Website Overlap

In 2020, 5 of the top 10 most-visited pages in the MCH section ([doh.sd.gov/family](https://doh.sd.gov/family)) point to vaccination/immunization information. This indicates a strong need for more robust content related to this subject.

Top five most visited pages:

- [doh.sd.gov/family/childhood/immunization](https://doh.sd.gov/family/childhood/immunization)
- [doh.sd.gov/family/childhood/immunization/school.aspx](https://doh.sd.gov/family/childhood/immunization/school.aspx)
- [doh.sd.gov/family/childhood/immunization/request-record.aspx](https://doh.sd.gov/family/childhood/immunization/request-record.aspx)
- [doh.sd.gov/family/childhood/immunization/schedule.aspx](https://doh.sd.gov/family/childhood/immunization/schedule.aspx)
- [doh.sd.gov/family/childhood/immunization/links.aspx](https://doh.sd.gov/family/childhood/immunization/links.aspx)

Most of the content on [doh.sd.gov/family](https://doh.sd.gov/family) pages contains lists and links that answer the most basic where, when, and who questions with very little (or no) information on why vaccinations and staying on schedule is important. This provides an opportunity to review the content and point users to the For Baby's Sake website where relevant content can be expanded to provide less formal, more consumer-oriented detail falling in-line with user expectations.



**User Journey #1**  
**ASHLYN**  
**Age: 22**

**Website:** [ForBabySakeSD.com](http://ForBabySakeSD.com)

### User Profile

Ashlyn is from Brandon, South Dakota. She is 22 and a first time mom. Ashlyn's son, Tate, is finally sleeping through the night and she is hoping to move him into the nursery soon. She's nervous about making the right decisions for Tate, especially related to his safety. Ashlyn knows both her mother and her older sister are well-intentioned, but things have changed drastically since she was a child and even since her sister's children (age 8 & 6) were born.

At Tate's last well-baby visit, she forgot to ask the nurse about the crib her sister gave her. Ashlyn struggles to get Tate to nap and usually has to rock him to sleep. She's hoping she can multi-task and find some guidance and information on her phone while he sleeps.

### Key Takeaways

- Finding the information on crib safety was pretty quick and easy
- The information presented was straightforward and helpful
- Ashlyn could have benefited from related resources
- Asking her follow-up question took a little extra effort and she won't get an immediate response





## User Journey #2

CHAD

Age: 24

Website: [ForBabySakeSD.com](http://ForBabySakeSD.com)

### User Profile

Chad is a 24 year-old construction worker from Watertown, South Dakota. He and his wife Melysa (22) welcomed a second son six weeks ago. Melysa struggled with a mild case of "baby blues" after their first son Jeffery was born. Jackson was a surprise and the boys are only 18 months apart. Chad has been worried about Melysa because she had been juggling Jeffery, her part-time job at a nail salon, and a new house-cleaning side hustle with a friend. Melysa had to have a C-section with Jackson and her recovery has been slow. They can't afford for Melysa to take much more time off, but she seems exhausted and overwhelmed all the time. She just seems "out of it" and doesn't want to do any of the things that used to make her happy. She hasn't been as attentive to Jackson and decided to stop breastfeeding even though she breastfed Jeffery for almost a year.

Chad reached out to his sister, who has three kids under the age of 6. She told him being exhausted goes with the territory but also sent him a link to a website on Facebook Messenger. He's hoping he'll find some useful advice since asking for help isn't really his style (besides, everyone he knows is also working 2 jobs and busy with their own lives). This is an awkward subject that's out of his comfort zone, but he's going to give it a try.

### Key Takeaways

- Search results took Chad directly to the article he needed
- Article was easy to scan and confirmed the differences between the baby blues he was somewhat familiar with and explained the more serious postpartum depression he's concerned about
- There were some information gaps for Chad: the content related to how partner's can support mom's on a day-to-day basis is light and programs that might be available to help Chad and Melysa (like WIC) are only briefly mentioned
- Chad's still a little nervous about talking to Melysa, her friends and her doctor







**User Journey #3**  
**RENEE**  
**Age: 18**

Website: [ForBabySakeSD.com](http://ForBabySakeSD.com)

### User Profile

Renee is 18 and soon to be a single mom living in Mobridge, South Dakota. Renee didn't realize she was pregnant until she was 4-months along but is determined to be a good parent. Renee's mom hasn't always been around so she relies heavily on her grandparents for support and guidance. Renee's grandmother suggested she get a prenatal check-up at the community health center. At her first appointment, they did an ultrasound and she found out she is having a girl. Renee shared this exciting news with her family and together they are planning her daughter's naming ceremony which will happen shortly after birth to anchor her baby to the earth.

Renee's grandmother and aunts have been helpful, sharing their stories and wisdom, they are even working on a cradleboard to help protect her daughter both physically and spiritually. But Renee is worried about the vaccinations her midwife said her baby will need. Some of her cousins who have older children only gave their babies the first round of shots because they put too many vaccines together which can overload a baby's system. Renee plans to go to the community center after work to use the wifi and some of the minutes she's saved from this month's data plan on her phone to research the pros and cons of vaccination online.

### Key Takeaways

- Renee had been searching for information on pregnancy and newborns so she fell into an FBS audience profile and was served a few posts related to safe sleep and immunization
- It took a while for her to sort through the information and she had to scan through a number of accordians to find what she was looking for
- One of the links took her to the CDC site which presented an overwhelming amount of related information
- Renee got some solid background but still had questions and didn't find any SD specific resources





## For Baby's Sake website: Opportunities & Weaknesses

OPPORTUNITIES	WEAKNESSES
<p>The FBS website provides a unique space to house important evidence-based information. Its separation from the DOH web presence gives it a warmer, more consumer-oriented presence designed just for pregnant women, new moms, and their families.</p>	<p>The ongoing need for expanding/evolving content, changes in website tech, and user expectation have caused the current website to outgrow its infrastructure.</p> <p>The current architecture limits functionality which can lead to a frustrating user experience.</p>
<p>Over the last 9 years, For Baby's Sake has gained significant brand equity in South Dakota. This recognition is due to the concentrated, ongoing investment in developing marketing materials.</p> <p>Promoted social media posts drive specific targeted audiences to vital facts about crib safe sleep, prenatal care, early signs of pregnancy, immunization and other priorities defined by DOH.</p>	<p>Many site pages are built using accordions (expandable and collapsible content blocks). Content in the accordions is at maximum capacity, making site information challenging to search, scan, and share from a consumer standpoint.</p> <p>On the analytics side, this structure makes tracking user behavior difficult, limiting our ability to accurately report, replicate user behavior, or make adjustments to prevent potential problems.</p>
<p>FBS audiences continue to grow. This acceptance and trust creates even more opportunities for engagement and education and feeds the 5 Stages of Acceptance communication model.</p>	<p>Navigation is limited, complicating the process of adding new or need-to-know topics and addressing specific audiences (dads, caregivers, grandparents, etc.).</p>
<p>There is an opportunity to improve the user journey significantly by simplifying the information from a variety of formal resources (CDC etc) and presenting it in a condensed, easy to understand format—essentially doing the research leg work for the audience and providing them with a go-to source for information.</p> <p>There's also an opportunity to tailor content specifically for SD audiences. For example: Pertussis cases have been on the rise in recent years. Emphasizing cocooning and vaccination for pregnant women within website content on immunization is a messaging trifecta.</p>	<p>Website accessibility (508 Compliance) is limited given the current infrastructure. Accessibility is a must-have in the current digital space. It's not only essential to site usability, but it's also a legal requirement.</p> <p>To date, small band-aid fixes have been made, but the larger upgrades will require a more extensive infrastructure overhaul.</p>



## Cōr Health & Wellbeing

### History: Focus Groups & A Shortcut to Brand Awareness While Website Was Being Developed

In April 2018, HPI conducted a series of statewide focus groups with parents of middle school age children to gain a better understanding of what parents feel is most important when it comes to their child's overall health. By and large, parents agreed that many of their toughest challenges have to do with things that are out of their immediate control (i.e. peer pressure and social media influence) and things that have to do with their child's emotional health (i.e. being able to manage emotions or how to talk about their feelings). Ultimately, parents want their kids to be independent but are worried about how to help guide them.

As a first step to seeking out support information, parents rely heavily on Google searches to help narrow the field, making a website's search engine ranking critical. It was clear from these sessions that the South Dakota Department of Health was not on anyone's radar as a go-to source—especially when it came to emotional health and wellbeing. There was also a level of skepticism providing an interesting premise: participants were more willing to trust information from 5-6 different sources with similar content, than they were to put their faith in 1-2 known/proven sources. Essentially, they will compare information from the top 5-6 sites that show up in their Google search results looking for similarities before they consider the sources.

In these sessions, parents told us that they need support but often feel isolated because they are so caught up in their day-to-day responsibilities and they don't really have time to engage with other families, their child's school, or their community. They genuinely want to know what's going on with their children, they want to help, they want the facts, and as one father put it, "don't sugar coat it," but short of a quick Google search, many aren't sure where to start.

We also heard that parents want their kids to get more training on how to deal with emotions. Again, much of the conversation related to bullying, depression, and suicide involved people not knowing how to effectively handle their emotions (adults and kids alike). Parents want to have and to be able to give their children some tools to use when they are faced with emotional circumstances. Essentially, parents know their kids feel scared, nervous, embarrassed, or overwhelmed on a regular basis and believe that having some training related to how to address those emotions and find balance would be helpful.

There was a fair bit of discussion around more access to mental health services, but there seemed to be a general lack of understanding about what exactly is included in "mental health services" and how to find the right services for a given situation. This pointed to an opportunity to define mental health services and programs by raising awareness and de-stigmatizing community health programs that already exist.

### What We Know: Brand Building & Awareness Campaign

On the heels of these statewide focus groups, the Cōr Health & Wellbeing brand launched on Facebook and Instagram in December 2019. The MCH program's desire to fast-track a campaign designed to deliver critical messaging to key audiences served three primary purposes:

- Addressing the specific requests and needs of parents as reported in the South Dakota-specific focus groups


- Aligning with national efforts to raise awareness about the connections between a young person's ability to take responsibility for their mental, reproductive, and physical health in order to help improve overall wellbeing
- Providing information on depression and suicide and pointing teens and parents to existing resources

Because this type of detailed content is absent from the DOH/MCH website, the goal was to create a brand and messaging that would offer initial education and information to both teens and young adults as well as their parents and/or support network of trusted adults.

The primary marketing objective of the campaign was to build brand awareness via social media platforms ahead of a website build. Social media messaging was condensed into a series of carousels with the intention of using this key information as the foundation for website content and expanding upon it to offer teens and parents a more robust resource.

HPI collaborated with DOH and MCH staff to establish the following brand personality, goals, and objectives:


Brand Overview





### What is cör health?

**Cör is a social media based brand designed to provide health and wellness support to teens, young adults, and parents.** It's a place where they will find evidence-based information related to mental and physical health and ways to connect with services that promote overall wellbeing. It's also a get-down-to-the-nitty-gritty-tell-it-like-it-is-give-me-the-essential-details kind of place.

Our goal is to break down some of those hard-to-talk-about topics like stress, depression, suicide, STDs, and reproductive health and provide talking points, strategies, and tips for making those conversations less awkward. Cör is about giving youth and parents the tools they need to make positive decisions and take responsibility for their ongoing health and wellbeing.



Find us on  

Brand Overview



### Who we reach & our messaging goals

Youth & Young Adults	Parents
<ul style="list-style-type: none"> <li>• Think about health in terms of overall wellbeing</li> <li>• Take responsibility for their own health</li> <li>• Talk with their support team (i.e. providers, trusted adults)</li> <li>• Transition to adulthood</li> </ul>	<ul style="list-style-type: none"> <li>• Help kids navigate the healthcare system</li> <li>• Help them balance mental and physical health</li> <li>• Encourage independence and positive decision-making</li> </ul>

### Topics we cover

Mental Health	Reproductive Health	Physical Health
<ul style="list-style-type: none"> <li>• Depression</li> <li>• Self injury</li> <li>• Suicide</li> <li>• Disorder/Types</li> <li>• Trauma</li> <li>• Bullying</li> </ul>	<ul style="list-style-type: none"> <li>• How to talk about it</li> <li>• Where to find support</li> <li>• STD prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Injury prevention</li> <li>• Preventative visits</li> <li>• Well-child checkups</li> <li>• Regular checkups</li> <li>• Screenings</li> <li>• What happens when my child turns 18?</li> </ul>

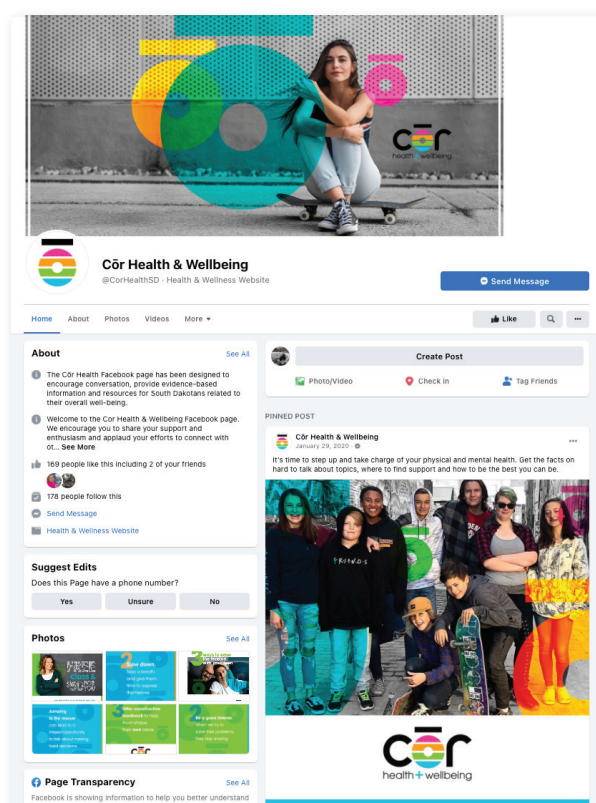
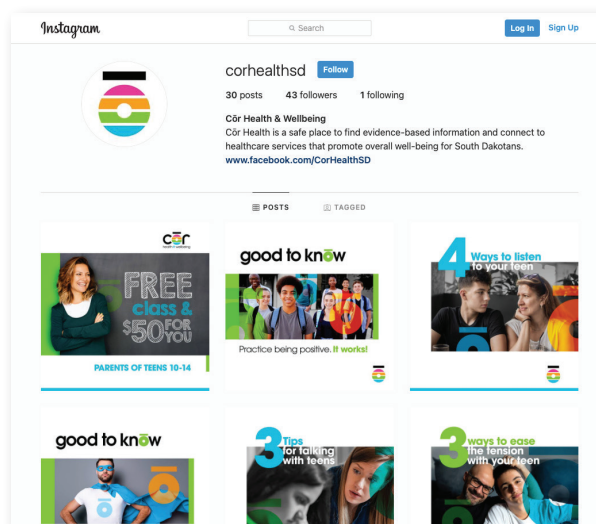
xxx copies of this document have been printed by the SD Dept of Health at a cost of xx per piece

## Social Media Impact

Currently, Cōr exists only on Facebook and Instagram. We know Gen Z spends anywhere from three to six hours per day on social media platforms. Their parents, Millennials and Gen Xers, are not far behind them spending an average of 2.5 hours online. It stands to reason then, that promoting information about parent-teen communication and young adult mental health and well-being on social media channels is a legitimate means of reaching young adults and their parents where they live. They are also information savvy and will fact check, compare, and expect a corresponding website presence.



**REMINDER:** From a placement standpoint, we're being proactive in encouraging South Dakotans to follow the Cōr Facebook page by running general awareness ads that include a "like page" button. That said, given the sensitive nature of the Cōr topics being covered, the audiences are unlikely to become page followers. This limits our ability to study audience behavior and re-target messaging to individuals with similar interests and habits using social media platforms. This is one of the reasons a website would be extremely beneficial. Not only would DOH/MCH be able to provide parents, youth, and young adults with centralized/curated content from trusted sources (that does not currently exist on any DOH/MCH website), it would allow us to add a Facebook pixel to the site to create look-alike audiences and have access to the full suite of Google Analytics.



As noted in the discussion of MCH primary audiences, Gen Z is experiencing unprecedented levels of anxiety and depression making access to information and services more important than ever. Some good news is that they are also more likely than previous generations to report mental health issues.

In an effort to provide this audience with some initial background, support, and resources to help improve their overall wellbeing, we created a substantial library of carousel posts (30), Instagram Stories (2), and stand-alone posts (17) to address mental and physical health.

## Cör Social Media Examples

### Brand Awareness (Parents & Teens)



It's time to step up and take charge of your physical and mental health. Get the facts on hard to talk about topics, where to find support and how to be the best you can be. Learn more at: [Facebook.com/CorHealthSD](https://www.facebook.com/CorHealthSD)

### Mental Health (Parents) – Depression in Kids & Teens



Childhood depression can be different from normal emotions that occur as kids grow. Symptoms like clinginess, constant worry, aches and pains, changes in sleep or appetite can all be signs of something more than just the blues. For more: *(Links to Depression in Kids & Teens album)*

### Mental Health (Parents) – Suicide Warning Signs



Depression & suicide are scary things to talk about. But talking is the first step to fixing and preventing. If you are concerned about your child, learn more about the warning signs: *(Links to Suicide Warning Signs album)*



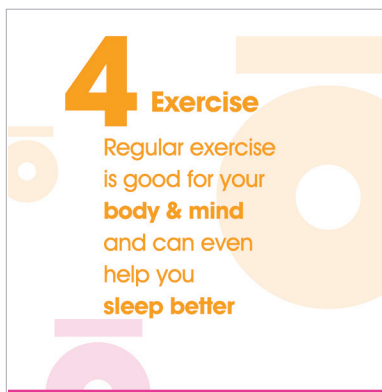
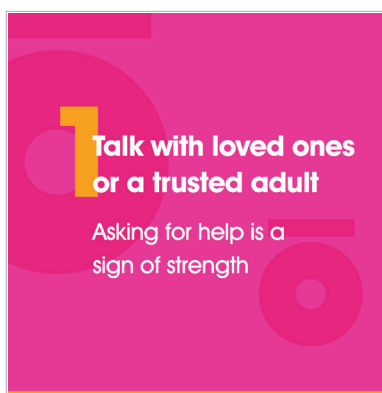
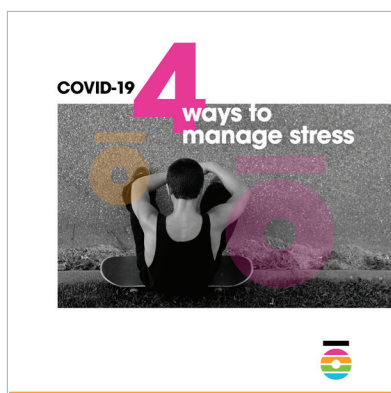
## Cōr Social Media Examples

### f Mental Health (Teens) – Symptoms of Depression



Is this depression? Not everyone shows the same signs when they are depressed. Learn more about the warning signs and how you can help if you or someone you know is struggling. Stay healthy, stay informed. Go to: *(Links to the Symptoms of Depression album)*

### f Mental Health (Teens) – COVID & Ways to Manage Stress *Carousel*



Feeling overwhelmed? You're not alone. Find out more about how to stay positive: [wethinktwice.acf.hhs.gov/mental-health-and-covid-19](https://wethinktwice.acf.hhs.gov/mental-health-and-covid-19)

## Cör Social Media Examples

### Mental Health (Teens) – Depression in Kids & Teens *Carousel*



Childhood depression can be different from normal emotions that occur as kids grow. Symptoms like clinginess, constant worry, aches and pains, changes in sleep or appetite can all be signs of something more than just the blues. For more: [dss.sd.gov/behavioralhealth/agencycounty.aspx](https://dss.sd.gov/behavioralhealth/agencycounty.aspx)



## Cōr Social Media Examples

f Healthy Relationships (Parents) – Empathetic Listening *Carousel*

Conversations with your teen can be less stressful when you understand how to listen empathetically.

Learn more: [mentalhealthfirstaid.org/2017/07/quiet-power-listening](https://mentalhealthfirstaid.org/2017/07/quiet-power-listening)

f Mental Health (Parents) – Mental Health Screenings *Carousel*

Mental Health screenings are one of the quickest and easiest ways to determine symptoms of a mental health condition.

Try this: [screening.mhanational.org/screening-tools](https://screening.mhanational.org/screening-tools)

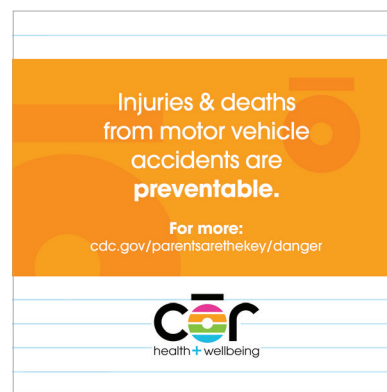
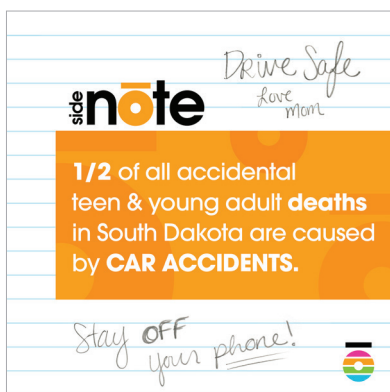
## Cōr Social Media Examples

## f Injury Prevention (Teens) – Seatbelt Safety Carousel



Motor vehicle accidents don't have to happen. Your death is preventable. Be part of the solution. Find out more at [cdc.gov/parentsarethekey/danger](https://cdc.gov/parentsarethekey/danger)

## f Injury Prevention (Parents) – Reasons kids get into car accidents Carousel



Injuries and deaths caused by motor vehicle accidents are preventable. Find out more at: [cdc.gov/parentsarethekey/danger](https://cdc.gov/parentsarethekey/danger)

## Cör Social Media Examples

### Snapchat Stories (Teens)



CUMULATIVE ENGAGEMENT NUMBERS

472

SWIPE UPS

0.08%

SWIPE-UP-RATE

8

SHARES

#### What's it About?

##### RUN DATES:

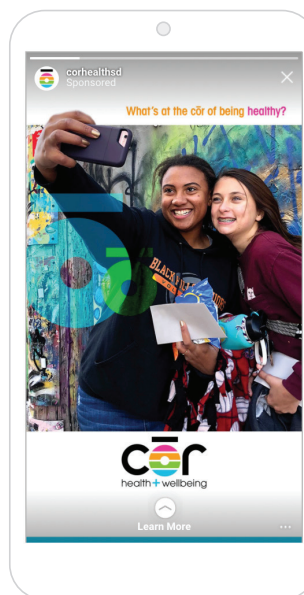
January 14, 2020 –  
July 12, 2020

##### TARGET AUDIENCE:

Statewide, Instagram,  
Ages 13-25 (85,000 people)

##### PAID REACH & FREQUENCY:

99% (84,640 people)/6.81



CUMULATIVE ENGAGEMENT NUMBERS

354

SWIPE UPS

0.07%

SWIPE-UP-RATE

10

SHARES

#### What's at the Cör of Being Healthy?

##### RUN DATES:

March 1, 2020 –  
September 30, 2020

##### TARGET AUDIENCE:

Statewide, Instagram,  
Ages 13-25 (85,000 people)

##### PAID REACH & FREQUENCY:

94% (79,521 people)/6.14

Beyond our proactive education-by-paid-promotion approach, in the absence of a dedicated Cör website, Cör social media posts must ultimately point instead to trusted third party websites. Referring to legitimate DOH-approved national sources does guide the audience, but it's not ideal. Sending people to several sources can make it difficult for them to remember where they saw a specific message. Content can be moved or changed without our knowledge. And, once browsers leave the Cör-branded carousel on social media pages, we've lost our ability to guide, track, and report on their activity.

Additionally, consumer oriented content that supports existing Cör messaging is noticeably absent from the MCH section of the DOH website. For example there is nothing related to:

1. How youth and young adults can talk with their support team (providers, trusted adults)
2. Self injury
3. Trauma
4. Mental health disorders
5. Boys and suicide (external links do provide some information for girls on suicide & bullying)
6. Boys and bullying
7. How parents can talk to their teens about reproductive health
8. STD prevention (there are external links, which lead to more links, which lead to more links)
9. Injury prevention
10. Mental health screenings
11. How parents can encourage their teen's independence and positive decision-making

Within the Prevention & Healthy Living section of the DOH site, there is some information pointing people to the South Dakota Suicide Prevention helpline as well as a handful of external links, but the overall tone of the content is relatively clinical and academic. As demonstrated below, search results for mental health screenings and suicide are not ideal for South Dakotans looking for guidance as the majority of results are data focused.



**mental health screenings**

About 235 results (0.27 seconds)

**State Agency Pregnancy Services - SD Dept. of Health**  
 doh.sd.gov › family › pregnancy › services  
 The South Dakota Departments of Health and Social Services provide pregnancy-related services ranging from risk assessment and case management to food ...

**2019 Needs Assessment Partner Report**  
 doh.sd.gov › documents › MCH › OCFS\_PartnerReport\_2019  
 File Format: PDF/Adobe Acrobat  
 The South Dakota Department of Health Office of Child and Family Services (OCFS) conducted a statewide five-year assessment of the health and well-being of ...

**2020 TITLE V NEEDS ASSESSMENT REPORT**  
 doh.sd.gov › documents › MCH › OCFS\_NeedsAssessmentReport\_2020  
 File Format: PDF/Adobe Acrobat  
 The South Dakota Department of Health (DOH) Office of Child and Family Services (OCFS) completed a statewide needs assessment of Maternal and Child ...

**Correctional Health services delivered - SD Dept. of Health**  
 doh.sd.gov › corrections › Services  
 The South Dakota Department of Health delivers medical, mental health, and dental ... Physical, mental and dental screenings and exams are completed in the ...

**colorectal cancer screening**  
 doh.sd.gov › statistics › ColorectalCancer  
 File Format: PDF/Adobe Acrobat  
 Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 1997, 1999, 2001-2002, 2004, 2006, and 2008. Demographics.

**breast & cervical cancer screening**  
 doh.sd.gov › Statistics › BreastCancerScreening  
 File Format: PDF/Adobe Acrobat  
 Mammogram in the Past 2 Years, 1990-2004, 2006, and 2008. Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, ...

**SOUTH DAKOTA Maternal and Child Health Title V Block Grant**  
 doh.sd.gov › family › MCH\_Title5  
 The South Dakota Department of Health Office of Child and Family Services coordinates such services as WIC, newborn metabolic screening, newborn hearing ...

**Methodology**  
 doh.sd.gov › statistics › Methodology  
 File Format: PDF/Adobe Acrobat  
 The South Dakota Behavioral Risk Factor Surveillance System is a combined effort between the South Dakota Department of Health (DOH) and the Centers for ...

**Colorectal Cancer Screening**  
 doh.sd.gov › statistics › ColorectalCancer  
 File Format: PDF/Adobe Acrobat  
 estimates cannot be compared to previous years. Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012 ...



**suicide**

About 549 results (0.36 seconds)

**Suicide Prevention**  
 doh.sd.gov › prevention › Suicide-Prevention  
 South Dakota Suicide Prevention. ... Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities.

**Suicide Surveillance Report, South Dakota**  
 doh.sd.gov › documents › statistics › 2020SuicideSurveillanceReport  
 File Format: PDF/Adobe Acrobat  
 Nov 17, 2020 ... In 2018, there were 495,348 emergency department visits related to nonfatal self-inflicted injuries. From 2009-2018, 59% of self-inflicted ...

**3 January 2017 South Dakota Department of Health Suicide Hotline ...**  
 doh.sd.gov › documents › statistics › SuicideFactsheetJan2017  
 File Format: PDF/Adobe Acrobat  
 Jan 3, 2017 ... include suicide deaths, self-inflicted injury, methods of suicide or self-injury, and ... Suicide is ninth leading cause of death in South Dakota.

**2nd leading cause of death**  
 doh.sd.gov › documents › statistics › SuicideFactsheet  
 File Format: PDF/Adobe Acrobat  
 In South Dakota, The Helpline Center answers calls made to the National Prevention Lifeline. 1.800.273.8255. Please contact the Division of Behavioral Health ...

**Addendum to Suicide Surveillance Report, South Dakota**  
 doh.sd.gov › documents › statistics › SuicideSurveillance\_Addendum  
 File Format: PDF/Adobe Acrobat  
 Jan 3, 2017 ... Suicide rates have been increasing in South Dakota. The most deaths and highest rate occurred during 2017 with 192 suicides and a crude ...

**Suicide Prevention School Resources**  
 doh.sd.gov › Prevention › SuicidePrevention\_SchoolResourcesWeb  
 File Format: PDF/Adobe Acrobat  
 South Dakota schools and/or community organizations can request suicide prevention and mental health awareness training at no cost via the South Dakota ...

**2019 Preliminary SD-VDRS Data Report**  
 doh.sd.gov › documents › statistics  
 File Format: PDF/Adobe Acrobat  
 The South Dakota Violent Death Reporting System (SD-VDRS) is a CDC-funded anonymous surveillance system that collections information on suicides, ...

**Suicides and Suicide Attempts in Adolescents and Adults Aged 10 ...**  
 doh.sd.gov › documents › Bulletin › July2015  
 File Format: PDF/Adobe Acrobat  
 Jul 4, 2015 ... Suicides and Suicide Attempts in Adolescents and Adults. Aged 10 Years and Older, South Dakota, 2009-2013. By Wei Bai, Ph.D., Teresa ...

**Suicide**  
 doh.sd.gov › documents › DashboardSuicide  
 File Format: PDF/Adobe Acrobat  
 Jan 2, 2019 ... Reduce the suicide crude death rate for South Dakota from 17.8 per 100,000 in 2012-2016 to 16.0 per 100,000 by 2016-2020. SD Rate.



The intention with the launch of the Cōr Facebook page was not to gain page followers but to provide a vehicle from which to deliver specific messaging to specific audiences. Additionally, the content created for the carousels, posts, and stories, was developed with the intent that it would be transferred to a dedicated website space where it could be cultivated, tailored, and expanded upon for SD specific audiences.

As evidenced by the ongoing promotion of the brand and positive response to social media campaigns, there is clear interest and desire from both parent and young adult audiences for more information on these critical subjects.

Over the course of 16 months, with limited budget, the initial campaign reached more than 170,000 South Dakotans more than 17 times.

In the fourth quarter of 2020, Cōr social promotions generated 1,589 link clicks to evidence-based websites like [CDC.gov](https://www.cdc.gov), [dss.sd.gov](https://dss.sd.gov), and [bethe1sd.com](https://bethe1sd.com).

### **Additional social media accomplishments in 2020**

- Incited & grew brand awareness
- Met young adults and parents on their preferred platforms
- Promoted information related to symptoms of depression & suicide
- Promoted reasons to take mental health seriously & get screened
- Delivered injury prevention information to both parents & young adults
- Delivered messaging related to how to cope with stress & COVID
- Offered practical strategies for parents on how to talk to teens & pointed them to support resources and programs





**User Journey #1**  
**LORIE**  
Age: 41

**f Platform:** Cōr Facebook Page

### User Profile

Lorie grew up on a ranch near Belle Fourche and lives in Spearfish, South Dakota. She is a single mom and works as a receptionist for a small law firm. Lorie has two sons, Drake (15) and Bradley (10). Working full time and managing active kids involved in rodeo, club soccer, and basketball is exhausting. Recently, her boys who used to get along, have been fighting—a lot. Drake has been especially moody and withdrawn. He's not been as excited about extra curricular activities, hasn't invited friends over for a long time, and his grades have taken a turn for the worse. There was a suicide and a fatal car accident at the high school this year. Lori tried to talk to Drake about the incidents but she didn't get very far. She's worried that Drake might be depressed and is not sure how she can help him.

Lorie goes back and forth between thinking Drake is just going through a phase and simply needs to pull himself up by his bootstraps and move on and thinking about how many different challenges kids face today that she didn't have to deal with. She's feeling lost and stressed and definitely does not want to raise any unnecessary flags with teachers or other moms so she turns to the internet to see what she can find.

### Key Takeaways

- The Facebook ads got Lorie's attention and provided some basic information but further investigation was lumpy
- It took Lorie several tries to find more detail on depression and ways to talk to her son
- None of the information in the linked articles connected her to SD resources or services
- Lorie was excited about the idea of a taking a parenting class, but there was no way to immediately register or find out when or where classes were offered
- Lorie could not find a corresponding website to legitimize the brand





## User Journey #2

LINA

Age: 16

Platform: Cōr Instagram Ad

### User Profile

Lina is 16. She doesn't love school, only has a couple friends, and lives in Hot Springs, South Dakota. Her dad split when she was 3. Her mom remarried and she has two younger siblings, Jake (8) and Sarah (6). Her mom works 2 jobs and is focused on Jake and Sarah and their activities most of the time. Lina doesn't mind helping out, hauling Jake and Sarah around, or babysitting, but she's been feeling more and more depressed. There's not a lot to do in Hot Springs unless you are an athlete (those kids are pretty cliquey) or a partier (Lina's already dabbled with that crowd and it ended badly). Lina can't wait to get out of this small town, but isn't sure where she would go or what she would do. Lina feels trapped, hopeless, isolated, and lonely and it's getting worse as the school year goes on.

Lina's worried that her stepdad is right, "there's something wrong with her," but doesn't know who to talk to: her mom is too busy, the school counselor hates her, and the few friends she has already think she's a drama queen. That leaves social media as her only hope.

### Key Takeaways

- Lina wasn't really sure what she was looking for.
- She was able to find some basic information on Instagram and linked to the albums on Facebook.
- Much of the information appeared to be for adults, so she had to do some digging,
- She was eventually able to connect to a third-party site and took a depression screening but was unsure of what to do next.





## Cōr Brand: Opportunities & Weaknesses

OPPORTUNITIES	WEAKNESSES
<p>Audiences have a demonstrated interest in teen health and intergenerational communication strategies. Cōr social posts have above average click-through rates, especially with messages about depression and suicide prevention.</p> <p>Trend data clearly shows that depression and mental health concerns are increasing. South Dakota parents told us they need evidence-based resources they can trust.</p> <p>A Cōr website would allow audiences to click from Cōr social media to a website with information developed just for South Dakota parents and teens. This information would reflect the most current local issues, which can be markedly different from regional and national issues or perspectives.</p>	<p>The DOH/MCH website pages have very sparse information on key Cōr topics and what little content is available is not geared for consumer audiences.</p> <p>Cōr's online presence solely depends on third party websites to educate audiences on its priority messages.</p> <p>DOH has no control over where audiences eventually end up when they click onto these external sources. Sites like the CDC and Parent &amp; Teen have extensive libraries of content, so users can easily get off track or distracted sifting through menus or related articles and forget where they saw/read given content.</p> <p>Outside sources may update, move or delete content entirely, which will lead users to a dead end and erode their trust in Cōr's legitimacy.</p>
<p>Extensive equity in the Cōr brand has been built over the last two years. A significant investment has been made in its marketing materials and related platforms. Expanding custom curated content even more allows 's messaging to specifically align with MCH's goals and objectives.</p>	<p>While social media is a valuable way to distribute information and generate interest, it can only provide a limited amount of details.</p> <p>Users expect to be directed to a website to get the full story and they will compare with other sites and search results.</p>
<p>Digital platforms are where youth and young adults live. Younger audiences spend an average of 3+ hours on social media daily, so providing seamless, easily accessible information online is key in reaching this audience.</p>	<p>Because Cōr doesn't have a dedicated website, we cannot reach the youth audience with messages on Snapchat, their preferred platform.</p> <p>Without the benefit of website analytics, we're unable to:</p> <ul style="list-style-type: none"> <li>• Guide users to exactly the information they need</li> <li>• Tailor messaging that aligns with SD specific concerns</li> <li>• Expand targets audience by re-targeting website visitors and creating custom lookalike audiences to widen brand reach</li> <li>• Report on user activity and determine if their needs are being met</li> </ul>
<p>Social issues evolve quickly. We saw this firsthand with the COVID-19 pandemic. When the Cōr brand was first envisioned, we couldn't have predicted that it would be a vehicle for healthy methods of coping with pandemic-induced stress. And yet, we reached 170,000 teens and young adults with important coping-related messages using social media carousels. Cōr has immense opportunity to quickly develop content and reach priority audiences.</p>	<p>Giving clear direction and providing a specific call-to-action is challenging.</p> <p>With messaging for other brands (Avoid Opioid or QuitLine), we craft the user journey from social post to brand website to clear action (enroll, order, or call). With Cōr, we lose the ability to provide guidance the instant someone clicks away from Cōr-owned spaces and we lose the opportunity to get feedback from ongoing engagement.</p>



## WIC

### History

The SD WIC website went online circa fall of 2016. In the spring of 2018, HPI took over maintenance of the site and in 2019, and the site was migrated from ExpressionEngine to WordPress. WordPress is the most widely used content management system (over 64% of all websites are built using this CMS) and it has become the platform of choice for numerous Department of Health brand sites. This switch allowed for quicker, more consistent content edits by WIC staff and the HPI web team, improved functionality options, and provided flexibility for future growth.

The SD WIC website was initially built to accommodate staff needs. Its extensive backend reflects this administrative-centered emphasis. The preliminary focus centered primarily on Knowledge Base, a gated, portal that largely houses policy and procedure information not intended for public use but provides critical tools and resources for staff to aid in their work with current and potential clients.

In January 2020, WIC staff partnered with HPI to build out the existing [“Apply to WIC”](#) section with information-rich content and a new “Start Application” form to help potential participants identify their eligibility and start the enrollment process. Prior to this, the WIC application process was largely facilitated by WIC staff over the phone or at brick and mortar locations throughout the state. The new pages and content provided a landing page for social media recruitment promotions and the means for potential clients to familiarize themselves with requirements and start the process on their own.

Since the launch of the new section and the Recruitment Campaign in the fall of 2020, website expansion has been focused on adding value to consumer-facing content with the addition of the [WIC Library](#), live text [Breastfeeding Booklet](#) and [Fun Facts Newsletter](#), and the soon-to-be digital [SD WIC Approved Food Guide](#).

### What We Know

The [National WIC Association](#), [Sign Up WIC](#), and [WIC Health](#) serve WIC participants and staff members across the United States. However, [SDWIC.org](#) is the only WIC website specific to South Dakota. It’s the hub for applying to the program, finding local clinics and participating grocery stores, and accessing information relevant to South Dakota priorities.

WIC participants, and potential participants, are moms and caregivers without much spare time or energy to spend wading through digital clutter. They range primarily in age from 16-45, and they often fall into the low SES priority populations and/or a low income economic bracket.

According to the 2019 [National WIC Association’s latest report](#), only 48.6% of South Dakotans eligible for WIC had enrolled in the program by the end of 2017. This implies a continuous need to generate awareness of program benefits and eligibility within the state. Targeting exactly the right audience with specific information they need in language they understand continues to be key in expanding WIC’s reach in South Dakota. Each new mom and child covered by WIC ensures healthier families across the state. And, as with all new services, potential clients must be continuously reminded of the benefits of the program and nudged through the Five Stages of Adoption before they accept and embrace a new program.

## Social Media Impact

SD WIC's first ever social media promotion campaign, designed with recruitment in mind, launched in April 2020. Its primary goals were:

1. Raising awareness (people may be unaware of their eligibility for WIC)
2. Promoting expanded WIC benefits like access to registered dietitians, nutrition education, and overall support to lessen stress
3. Encouraging people to start the application process online (especially important, since the campaign launched at the onset of the coronavirus pandemic)

The results:

- By the end of April 2020, website visits increased by over 4,000 compared to April of the previous year.
- Since launching in January 2020, the [Start Application](#) form has received 1,754 total submissions.
- With limited promotional budget, the "Apply to WIC" section has collectively received 17,548 total page visits in just over a year.

## Facebook/Instagram

[US Census Data](#) indicates that in 2019 there were around 104,000 households in South Dakota with one or more people under 18 years of age. In 2020, WIC Facebook/Instagram ads reached 154,145 South Dakotans (with emphasis on parents with children under age 5) at a 15.8 frequency.

Since launching in spring 2020, the SD WIC Facebook page has promoted condensed flights of between 3 to 5 specific messages to a variety of key audiences aligning with the brand's core marketing objectives of:

- Raising awareness related to who is eligible for WIC & promote benefits of the program
- Increasing WIC Application form submissions
- Increasing website visits
- Raising awareness within priority WIC populations (AI, Low SES/Income, pregnant and postpartum women)
- Destigmatizing the program (it's not a hand-out, it's nutrition education)

Audiences include:

- Parents w/kids under 1, pregnancy and low income interests, 16+, Female (120,000)
- Parents w/kids under 5, low income interests, 16+, (74,000)
- Parents w/kids under 5, pregnancy and low income interests, 16-45, Female (70,000)
- Parents w/kids under 5, pregnancy and low income interests, 16-35, Female (48,000)
- Previous SDWIC.org website visitors and Facebook page engagers (9,200)

## Snapchat

This platform was added to the WIC digital media marketing portfolio in February of 2021. Snapchat has been particularly effective in reaching younger demographics and identifies a South Dakota audience that aligns well with WIC demographics. SD Snapchat user characteristics include:

- 40,000 Moms/new Moms
- household income less than \$50,000
- between 16-35 years old

While the available metrics are not nearly as robust as other platforms, we have seen positive results in terms of reaching these younger demographics and have had significant success related to generating website visits. In fact, since February 16, 2021, WIC Snapchat ads reached nearly the entire WIC-specific Snapchat audience (39,000 people) an average of 4x.

## Social Media Overall

Overall in 2020, social media promotions accounted for 10% of all website visits, which were up from just 1% in 2019. Thanks to the addition of Snapchat in February, the traffic from social media in the first quarter of 2021 is already at 42% of total 2020 numbers. With limited promotional budget, social media ads have allowed WIC to effectively reach its primary target audience. Campaign efforts also:

- Reinforced & grew brand awareness
- Raised awareness related to who is eligible for WIC
- Promoted benefits of the program
- Raised awareness within priority WIC populations (AI, Low Income, pregnant women)
- Destigmatize the program (it's not a hand-out it's nutrition education)
- Increased WIC application submissions

## Website

The SD WIC website offers much more than just an overview of WIC benefits and how to apply. It contains valuable information about:

- Nutrition & Healthy Eating Guidance from Registered Dietitians
- Breastfeeding Education, Lactation Consultants & Peer Groups
- Healthy Infants & Children
- Accessing Nurses & Quality Medical Care
- Shopping for & Preparing Healthy Food
- Parenting Support
- Physical Activity

It's likely that WIC is best known for providing food benefits, however, potential clients may be unaware of additional benefits including:

- When you get help from experts it reduces stress
- The education provided helps families make healthy lifestyle choices that can last a lifetime

- When you understand the educational requirements and how the program works there is less guilt or judgement for taking advantage of the services that are designed to educate and reinforce strong parenting skills
- When you enroll in WIC you are connected to a variety of services that can markedly improve
- the lives of your family (dentists, pediatricians, immunization services, substance and domestic abuse counselors and social services)

One of the challenges the WIC program faces is that many perceive it as a “hand-out” program and are unaware of the nutrition education requirements and support services that are available to parents and young families. Continuing to build-out consumer-facing content that counters these common misconceptions will not only make the program more appealing for potential clients but will boost positive brand recognition among South Dakotans who aren’t eligible but can still benefit from some of the educational information housed on the site.

Because the SD WIC recruitment campaign launched at the beginning of the second quarter in 2020, much of the data from Google Analytics directly displays the campaign’s influence. In 2019, the top two viewed site pages, Knowledge Base and the Policy & Procedure Manual, were both pages that are accessed only via direct link by WIC employees. Again, these pages are critical to ensuring staff can do their jobs when interacting with clients, but are not accessible by the public. Some of the most important WIC consumer resources however, like eligibility details, had very low pageviews. Even the homepage which should serve as a central hub of information, lagged in capturing an audience.

Things changed for WIC in 2020. Focused and deliberate social media promotion generated a burst of visits to pages with information WIC eligible South Dakotans needed. While Knowledge Base and the Policy & Procedure Manual held strong in viewership, pageviews of consumer-facing information skyrocketed. The number of visitors to the homepage doubled, and visits to the eligibility page measurably increased. Additionally, the application page, new in 2020, was the year’s fourth most visited page, second only to the homepage in terms of consumer-facing content. This noticeable growth occurred in other pages too, as site visitors perused the approved food guide and the site’s library of nutrition and health tips.

In April 2020, the Recruitment Campaign launch spiked WIC website visits to their highest level since Google Analytics tracking began on February 6th, 2019. Visits continued to be strong and remained consistently higher than 2019 levels. The campaign flight continued into May and was then paused until fall.

The Start Application page was the 3rd most visited page in September/October 2020. Of the 1,315 page views, 518 people submitted the application form (up from 430 in July and August when promotion was paused). The top two most visited pages were being populated by WIC and DOH staff members rather than the general public, again reinforcing the need for both staff and administrative content and consumer-oriented content.

## Top 10 Page Views for SD WIC 2019 & 2020

This chart gives us a look into trends in website traffic to SDWIC.org in 2019 (pre-marketing campaign) and 2020 (during marketing campaign). Six of the top 10 pages in 2019 still made the cut in 2020, but none of them held the same spot as the previous year. An additional 3 new pages were in the top 10 for 2020. The growth in traffic to consumer facing pages can be clearly seen in the 2020 column (% increase/decrease over 2019). This is mostly due to social media promotions which led to the new Start Application page being the 4th most visited in 2020.

MOST PAGE VIEWS	2019	# OF PAGE VIEWS	2020	# OF PAGE VIEWS (% increase/decrease over 2019)
1	<a href="https://sdwic.org/knowledge/policy-and-procedure-manual">sdwic.org/knowledge/policy-and-procedure-manual</a>	11,461	<a href="https://sdwic.org">sdwic.org</a>	17,231
2	<a href="https://sdwic.org/knowledge">sdwic.org/knowledge</a>	10,283	<a href="https://sdwic.org/knowledge">sdwic.org/knowledge</a>	12,041
3	<a href="https://sdwic.org">sdwic.org</a>	8,461	<a href="https://sdwic.org/knowledge/policy-and-procedure-manual">sdwic.org/knowledge/policy-and-procedure-manual</a>	10,516
4	<a href="https://sdwic.org/eligibility">sdwic.org/eligibility</a>	4,556	<a href="https://sdwic.org/start-application">sdwic.org/start-application</a>	7,409 (New)
5	<a href="https://sdwic.org/vendors/approved-food-guide">sdwic.org/vendors/approved-food-guide</a>	1,873	<a href="https://sdwic.org/eligibility">sdwic.org/eligibility</a>	6,004
6	<a href="https://sdwic.org/locations">sdwic.org/locations</a>	1,264	<a href="https://sdwic.org/information/approved-food-guide">sdwic.org/information/approved-food-guide</a>	3,528
7	<a href="https://sdwic.org/kb/ocfs-annual-plans-data">sdwic.org/kb/ocfs-annual-plans-data</a>	1,190	<a href="https://sdwic.org/library">sdwic.org/library</a>	2,844 (New)
8	<a href="https://sdwic.org/kb/wic-memorandums">sdwic.org/kb/wic-memorandums</a>	1,073	<a href="https://sdwic.org/vendors/approved-food-guide">sdwic.org/vendors/approved-food-guide</a>	2,303
9	<a href="https://sdwic.org/information/approved-food-guide">sdwic.org/information/approved-food-guide</a>	1,019	<a href="https://sdwic.org/kb/wic-memorandums">sdwic.org/kb/wic-memorandums</a>	1,870
10	<a href="https://sdwic.org/kb/forms">sdwic.org/kb/forms</a>	882	<a href="https://sdwic.org/wic_library/children/feeding-guides/feeding-guide-6-12-months">sdwic.org/wic_library/children/feeding-guides/feeding-guide-6-12-months</a>	1,732 (New)

A Google Analytics tracking pixel was installed on [SDWIC.org](https://sdwic.org) February 6, 2020. This allowed us to see clear growth and identify trends brought about by the digital marketing efforts that started in 2020. Overall users (a person who initiated at least one session) increased by 124% with the larger percentage of growth being male. While males aren't traditionally thought of as a primary target population for WIC, dads can enroll their children under age 5, attend nutrition education classes, and receive benefits for their child. As parenting responsibilities are more often being shared (especially among Millennials) dads should also be made aware of the WIC services available to them. Dads appear to be interested in learning about WIC and our marketing efforts made sure they made it to the website.

We also saw increases in every age demographic in 2020, with the smallest increase being 91% (25-34 year olds). Because we prioritized young mothers and grandparents/caregivers, we saw the largest growth of users from 18-24 and 65+.

### Top Page Views for SD WIC 2019 & 2020

SDWIC.ORG USER GENDER DEMOGRAPHICS	OVERALL USERS TO SDWIC.ORG (INCREASE OVER 2019)	% USERS MALE/ # OF USERS	% USERS FEMALE/ # OF USERS (% INCREASE OVER 2019)
2019*	10,708	23.2% / 871 users	76.8% / 2,882 users
2020	23,969 (+124%)	26.7% / 2,370 users (+172%)	73.3% / 6,492 users (+125%)

### Top Page Views for SD WIC 2019 & 2020

SDWIC.ORG USER AGE DEMOGRAPHICS	2019* (# / % OF TOTAL USERS)	2020 (% USERS INCREASE OVER 2019)
18-24 year olds	351 / 9.13% of total users	1,208 / 13.79% of total users (+244%)
25-34 year olds	1,591 / 41.38% of total users	3,033 / 34.63% of total users (+91%)
35-44 year olds	877 / 22.81% of total users	1,768 / 20.18% of total users (+102%)
45-54 year olds	499 / 12.98% of total users	1,230 / 14.04% of total users (+147%)
55-64 year olds	382 / 9.93% of total users	884 / 10.09% of total users (+131%)
65+ year olds	145 / 3.77% of total users	636 / 7.26% of total users (+339%)

\*Because the Google Analytics tracking pixel was not on the website prior to February 6th, 2020, the data in the tables above isn't an exact comparison but still effectively shows the increase that a relatively small promotion had on website activity.





## User Journey #1

LEO

Age: 27

Platform: [sdwic.org](https://sdwic.org)

### User Profile

Leo is 27. He lives in Huron and works at Walmart. Leo has partial custody of his daughter Isabel (7 months). Leo didn't know much about babies until he became a father and since he and Isabel's mom had a rocky relationship from the start, he'd rather not ask her opinion and wants to figure out his own parenting style. He's concerned that he'll feed Isabel the wrong things as she grows out of baby food. Even though he isn't eligible for WIC benefits, his girlfriend Britney told him that some of her friends are on WIC and the WIC website might have some helpful information about the right food for growing babies.

### Key Takeaways

- Leo had to go through multiple steps to find the information he was looking for.
- The path was time-consuming and he got sidetracked with breastfeeding information that wasn't super helpful and triggered a PDF download which was aggravating.
- Leo was able to eventually find the information he was looking for, but the experience wasn't simple and he almost gave up.
- He wouldn't have known that WIC has free resources for people who aren't eligible for WIC benefits if his girlfriend hadn't suggested it.
- Leo isn't eligible for benefits, but Isabel is and he could still participate in the education. His visit to the website didn't make that clear.





## User Journey #2

### DOUG & DIANE

Age: 63

 Platform: [sdwic.org](https://sdwic.org)

### User Profiles

Doug and Diane, both 63, live in Eagle Butte. Doug worked as a heavy equipment operator most of his life but hurt his back three years ago and is now on disability. Diane works part-time as a cashier at Family Dollar. They have custody of their daughter's son Aiden (16 months). Their daughter, Crystal, has been in and out of rehab for drug addiction since before Aiden was born. While Doug and Diane are hopeful she'll eventually get her life together, they aren't counting on it happening any time soon.

Right now, Doug and Diane are feeling the emotional and financial strain of caring for a toddler. They aren't as young as they used to be so keeping up, especially since Aiden has always been a cranky baby, is wearing them both out. Money was tight before, but this is a new level of hard.

Diane was somewhat familiar with the WIC program, but hadn't thought about it until a friend from church mentioned that her son's family got some assistance from WIC recently and told her that she thought all kids under the age of 5 can get benefits. Anything will help, so Doug and Diane decide to do a little research to see if Aiden qualifies.

### Key Takeaways

- Doug and Diane were confused and a little overwhelmed by the navigation.
- While trying to figure out if Aiden was eligible for WIC benefits, they filled out two forms.
- The Eligibility page was pretty straightforward and helpful.
- Even though they were eventually able to find out that Aiden qualified, they have to wait for someone to get back to them about next steps. The timeline still feels a little fuzzy.
- Doug and Diane still have unanswered questions and are hoping that they will be prepared when someone gets back to them.



## WIC website: Opportunities & Weaknesses

OPPORTUNITIES	WEAKNESSES
<p>The WIC website includes valuable content about healthy eating, breastfeeding, and overall wellness.</p> <p>This information is useful for dads, grandparents, caregivers, and families in general and could go a long way toward re-framing WIC as an educational program while countering the stigma that historically comes with being considered a welfare program.</p>	<p>What should moms do once their child ages out of WIC? The program's digital ecosystem in South Dakota doesn't provide much direction for moms of children older than age five, WIC's cut-off age.</p> <p>Parents and families who aren't eligible could be taking advantage of nutrition, wellness, and physical activity information, but they need more direction to these resources.</p>
<p>The WIC website's infrastructure is solid and very accessible overall. The page templates are simple, content is concise and properly tagged. Because of this, the site's SEO is strong, leading to high rankings in Google search results.</p> <p>Continuing to streamline content, menu structure, and wayfinding will improve user experience overall.</p>	<p>Although the WIC site navigation appears to be simple, the categories are too general and the diversity of information is confusing, potentially misdirecting some users.</p> <p>Connections to other state resources and programs are not obvious.</p>
<p>Prospective WIC members are young and spend a lot of time on websites and on social media. They're great candidates for strategic targeting with digital ads.</p> <p>Promoting the educational benefits and other quality information available to non-WIC members will help raise awareness and build positive brand equity overall.</p>	<p>The WIC website serves two distinctly different audiences (consumers and staff) with very different needs in terms of content and functionality.</p> <p>WIC's Knowledge Base is a hub of information for WIC staff but isn't linked anywhere in the site navigation. Staff needs to be familiar with back-end and forward facing content and structure.</p> <p>Consumer-facing content needs improvement in the areas of organization, accessibility, and overall consistency in tone.</p>



## Got It Covered

### History: Very Specific Messaging Delivered to At-Risk Audiences

In September of 2016, HPI met with DOH staff to discuss the alarming increase in the number of sexually transmitted diseases being reported among South Dakota youth and young adults. We learned that young people ages 15-24 accounted for half of all new STD infections, clusters of new HIV cases in western South Dakota were of great concern, and syphilis was on the rise within MSM populations which were especially vulnerable. In 2016, there were 1,240 new cases of gonorrhea and the disease was becoming resistant to treatments. Because symptoms can be mild, painless, and are often confused with other illnesses, those most at-risk are frequently misinformed and unaware of testing services or treatment options. The budget to address this critical statewide issue was capped at \$25,000.

Having worked closely with DOH on a number of “critical need” issues, we set about building a communication plan that included strategies to achieve long-range goals in incremental phases over time. We developed a highly targeted social media placement strategy to be implemented in short-flight bursts aimed directly toward the most at-risk population segments. We knew that if and when additional funds were made available, these urgent messages would be more effectively communicated using an established graphic identity—so, our creative team donated their time to develop the brand and create the logo.

The Got It Covered brand and highly stylized comic book graphic elements were designed to appeal to the media-savvy, meme-loving, bold, colorful, alternative-lifestyle-embracing target audiences. Both CDC and FDA focus group research suggests that delivering facts alone to youth and young adult audiences is insufficient to convince them to change their behavior. Both agencies suggest campaigns featuring facts must be paired with health consequences\* and include strong emotional content. GIC messaging employs humor to counter the awkward and often uncomfortable discussion that accompanies the subject of sexual health and STDs. It is also simple and direct when referencing the serious nature of STD exposure and consequences of contraction.

*\*Raising awareness about health consequences is still a CDC communications best practice. However, recent health marketing reframing strategies suggest messaging also consider lack of policy, potential roadblocks, burdens, and social and environmental stressors. These forces often combine, negatively impacting consumers, and result in higher levels of unhealthy behaviors.*

### What We Know

The Got it Covered brand and corresponding STD awareness campaign was launched in 2017 and lives entirely on Facebook with all promotions pointing to the [DOH Testing Page](#) or [albums](#) housed on the Facebook page or within the Facebook Canvas. The Facebook Canvas serves as an immersive mobile-only mini-website wherein a number of carousels feature facts, risks, symptoms, and encourage viewers to get tested.

In June 2020, two Snapchat ads were added to the mix connecting users to the DOH Testing Page. Similar to other DOH web pages, the DOH Testing page lists testing locations, but contains no related educational content. Users must rely on copy and images within social media carousels and albums “ for all their facts and education.

## Social Media Impact

Social media campaigns have been structured to pulse in flights 1-2 times per year subject to available budget. Posts continue to focus on STD symptoms, risk-factors, and testing promotion. There have also been instances where emergency promotions have been geared toward specific audiences or geographies.

For example, In March 2018, a special post list was created to address outbreaks of HIV and syphilis in hot spots across the state. We specifically targeted gay men statewide to raise awareness of the problem and encourage testing. In November 2019, an HIV outbreak in Dewey county prompted another specific campaign in and around Eagle Butte to promote a DOH-hosted free testing event.

The 2017 initial 12-week Facebook campaign resulted in:

- Ads being viewed on Facebook by 124,296 people within the target audience
- Campaign posts being seen an average of 9x per person
- An overall clickthrough-rate of .76%—almost an order of magnitude greater than the industry standard of .15%.

Results from a 5-month flight in 2018 included:

- Ads seen by 170,000 South Dakotans within the target audiences
- Campaign posts viewed an average of 17x per person
- Over 1,300 South Dakotans visited the DOH STD testing webpage—an increase of over 970% in referral traffic.

## Facebook/Instagram

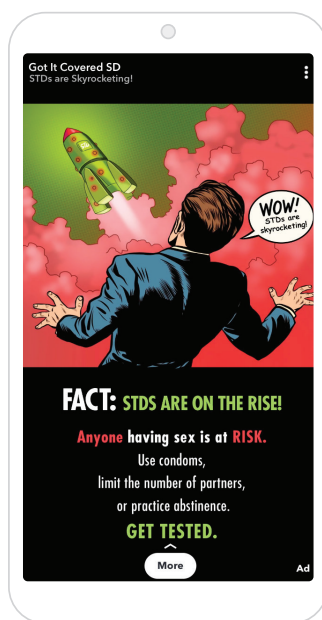
- A 4-month flight originally scheduled to run in the Spring of 2020 was delayed due to COVID. The campaign was reactivated and ran from June 12th to September 30th. Even with a relatively limited budget, the campaign reached 267,000 South Dakotans on Facebook and Instagram an average of 15 times per person.

Audiences include:

- Statewide Youth, 16-25 years old—130,000 people
- East River SD, 16+ years old, Gay Interests—56,000 people
- West River SD, 16+ years old, Gay Interests—29,000 people
- East River SD, Males only, 16+ years old, Gay Interests—22,000 people
- West River SD, Males only, 16+ years old, Gay Interests—11,000 people
- Statewide, 16+, Dating Apps—31,000 people
- Statewide, 16-25 years old, dating apps—4,400

## Snapchat

In June 2020, two Snapchat ads were added to the media mix. The first focused on countering increased risk by encouraging condom use, limiting partners, abstinence, and promoting getting tested. The second ad promoted free testing and testing locations. The Snapchat promotion reached over 200,000 South Dakotans.



CUMULATIVE ENGAGEMENT NUMBERS

**5,654** **0.28%**  
SWIPE UPS SWIPE UP RATE

### STDs Are Skyrocketing

#### RUN DATES:

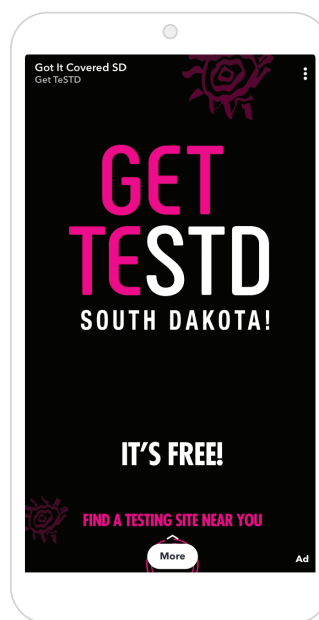
June 17, 2020 –  
September 29, 2020

#### TARGET AUDIENCE:

Statewide, Ages 16-25  
(195,000 people)

#### PAID REACH & FREQUENCY:

103% (200,896 people)/7.9



CUMULATIVE ENGAGEMENT NUMBERS

**1,767** **0.37%**  
SWIPE UPS SWIPE UP RATE

### Get TeSTD

#### RUN DATES:

August 12, 2020 –  
September 28, 2020

#### TARGET AUDIENCE:

Statewide, Ages 16-25  
(195,000 people)

#### PAID REACH & FREQUENCY:

45% (88,518 people)/5.4

## DOH HIV/AIDS & STD Testing Webpage

According to [2019 YRBS data](#), 26.4% of South Dakota teenagers are currently sexually active, and 45% of those active aren't using condoms, 12.2% aren't using any birth control whatsoever. This points to a genuine need for young people to have access to educational information about STDs, prevention options, and testing. Overall, the most prevalent STD content on the DOH site is about where to get tested.

In the previous two years (2019-2020), 47% of traffic to the DOH's [Disease Intervention: Testing for HIV/AIDS](#) page came from Google searches. The DOH website page's SEO could be improved with expanded content like more specialized keywords, additional explanatory content, and metadata. Each of these components would likely result in additional search traffic. That being said, the DOH website content is more formal and not geared for the Got It Covered at-risk youth and young adult populations.

Additionally, much of the content on DOH STD pages focus on HIV/AIDS. And while HIV/AIDS is active in about .06% of South Dakota's population, the remaining STDs are lumped together in spite of much higher prevalence. For example, between January 1, 2020 and July 31, 2020, new cases of chlamydia, gonorrhea, hepatitis, and syphilis were reported in 0.44% of the population, while new cases of HIV/AIDS accounted for only 0.003%. In other words, more emphasis is currently being put on the *deadliest* disease, rather than focusing on the more *prevalent* diseases.

### Related MCH Website Content: Family Planning

As previously noted, the MCH [Child & Family Services](#) page on [doh.sd.gov](http://doh.sd.gov) contains a large amount of information relevant to South Dakota families. It's a large collection of valuable information, but navigating it requires dedicated scanning and patience—online habits the young at-risk GIC audience may not have yet developed, especially in the current digital ecosystem of instant gratification. Additionally, the [South Dakota Family Planning Program](#) subpage does contain some information that could be useful to the GIC audience, but it's unlikely that they would intuitively know “family planning” applies to them. Information and resources on this page are limited to:

- A list of SD's family planning services:
  - Includes link to [PDF guide](#) produced by the DOH
  - A brochure with repetitive info from the site
  - Brief eligibility details and sliding fee scale
- Links to SD family planning providers:
  - One page hosted on DOH
  - One page hosted on HHS ([Office of Population Affairs Clinic Locator](#))
  - A link to the [Community Health Services or Public Health Alliance Offices](#) DOH page
- A list of external links:
  - From the U.S. Department of Health & Human Services:
    - [Title X Family Planning](#)
    - [Office on Women's Health](#)
    - [GirlsHealth.gov](#): Each article on this site displays the date it was most recently updated (between 2013 and 2018). Content that is older than 1-2 years is typically considered outdated and can work against being considered a legitimate source.
    - [Office of Population Affairs](#)
    - [Reproductive Health](#)
    - [Region VIII Family Planning Resource Center](#)
    - [Administration for Children and Families](#)
  - Nonprofit sites:
    - [PowertoDecide.org](#) *(Please Note: the descriptive link on the MCH page is listed as StayTeen.org)*
    - [Bedsider.org](#)
- [Family Planning Clinics](#)
  - A list of clinic locations and contact information
- [Disease Intervention—Testing for HIV/AIDS & STDs](#)
  - A list of clinic location and contact information



While many of the off-site links are governmental in nature and language, a few others do provide information designed specifically for young adults:

1. The Reproductive Health page, hosted by the U.S. HHS's Office of Population Affairs, links to two relevant pages about sexually transmitted infections, their symptoms and treatment, and HIV prevention, primarily covering PrEP and PEP for high risk individuals.
2. The STI page links further to a CDC page about condom use.
3. [Bedsider.org](#), another external site operated by a national campaign to prevent unplanned pregnancy, thoroughly covers birth control methods. However, like the linked HHS and CDC pages, the site is similarly buried and listed on the DOH Family Planning subpage without explanation about the content or audience for which it's intended.

This off-site information is useful, but it's far removed from the DOH site. Users must navigate through four pages before they find what they're looking for—and that's assuming they know what they should be clicking on to get where they need to go. Nomenclature on these pages might be confusing or not in sync with what they've heard. For example, do South Dakotans know STDs and STIs are the same?

### A Note On Google Search Results

If someone Googles "South Dakota STDs," they'll find the DOH's [Sexually Transmitted Disease Control](#) subpage, housed in the Communicable & Infectious Diseases section of the [Diseases & Conditions](#) page. This page is also the first result when someone uses the DOH site search to search for "STDs." However, if they click on [Facts and FAQs](#), they're directed to a page containing only third party links and a disclaimer that the DOH is not responsible for the content and accuracy of those links. This is a missed opportunity to provide information that the DOH does endorse.

The Communicable & Infectious Diseases section also maintains an [HIV/AIDS Prevention](#) subpage. Resources provided include links to three prevention contractors across the state, a link to a testing site, data about HIV/AIDS in South Dakota, and two pages with details about HIV/AIDS. These pages, [HIV/AIDS Frequently Asked Questions](#) and [HIV/AIDS Fact Sheet](#), cover symptoms and treatment, but they're not immediately noticeable for someone who isn't familiar with the site. As discussed in the Elements of a Strong Information Architecture Section, unclear navigation, unintuitive content categories, and redundant content results in user confusion and a negative experience overall.

WEBPAGE	PAGEVIEWS 2019	PAGEVIEWS 2020	PAGEVIEWS 2021 – Q1
<a href="#">doh.sd.gov/family</a>	7,661	12,429	3,919
<a href="#">doh.sd.gov/family/pregnancy/Family-Planning.aspx</a>	1,621	1,517	444
<a href="#">doh.sd.gov/diseases/infectious/std</a>	2,353	2,098	419

We can only measure what we're able to measure. HPI and DOH have no way to measure how many opportunities have been missed in connecting with South Dakota young adult audiences. The majority of the visits to these pages are coming from Google search, with direct traffic accounting for the remainder. Direct traffic is most likely from staff, clinics, schools, or other institutions working on behalf of patients seeking further information.



## User Journey #1

MIKA

Age: 22

Platform: Snapchat

### User Profiles

Mika is 22 and grew up in Ft. Thompson, but was bounced around between family in Chamberlain, Yankton, Sioux Falls until he turned 18. Mika knew from a very young age that he was different from other kids and that made school very difficult. He was a perfect target for bullies and as a result spent most of middle-school in detention. He transferred to Washington High School in Sioux Falls where a counselor encouraged him to get involved with the Okichiyapi Club. That connection helped him graduate but since then he's struggled to find work and has been living with various romantic partners. Mika's relationships are tumultuous and he's had some unusual symptoms recently that make him think he may need to have them checked out. He's not sure where to start, so like most people his age, he starts by seeing what he can find on Snapchat.

### Key Takeaways

- Mika realizes he's been engaging in risky behavior and probably should get tested but this is new territory and he's never really made any type of medical appointment for himself.
- He thought he might have some symptoms but didn't find any information to confirm.
- Making phone calls in general is out of his comfort zone and talking about STDs makes it even harder especially when he's not sure what will happen when he calls.
- Mika didn't really find what he was looking for and probably won't call until his symptoms get worse and can't be ignored.





## User Journey #2

RACHAEL

Age: 18

Platform: Snapchat

### User Profiles

Rachael, 18, is a high school senior in Aberdeen. She's the oldest child in a large religious and conservative family. Her dad, Max, works the night shift at 3M and her mom, Peg, teaches preschool. Rachael's always taken on a caregiving role for her six younger siblings, who range in age from 16 to 2, but as she's gone through high school, she's taken steps to become a little more independent. She's involved with theatre yearround and has some older friends who are already in college at Northern. In Rachael's family, talking about sex is strictly taboo, so she's had to rely on what she learned in school (which was mostly hygiene oriented) and what her peers have to say, which ranges from wildly unbelievable to semi-plausible. She hasn't had sex yet, but has started fooling around a little and is beginning to wonder if she should be concerned about STDs.

### Key Takeaways

- Rachael was shocked to hear that half of the people her age will get an STD and wanted to get more information since the topic has been on her mind lately.
- Her visit to the DOH Testing page wasn't exactly what she was looking for but at least she knows there are places close by where she can get tested (if she was brave enough or had an emergency).
- Her secondary search of the DOH site was somewhat confusing and a little overwhelming.
- It's unlikely that Rachel will call the Aberdeen office—after all, she's technically not having sex, so she's probably just overthinking it. Besides, it seems too complicated.

### CONTENT ANALYSIS: Got It Covered



## Got it Covered Brand: Opportunities & Weaknesses

OPPORTUNITY	WEAKNESSES
The GIC brand and highly stylized comic book graphic elements were designed to appeal to the media-savvy, meme-loving, bold, colorful, alternative-lifestyle-embracing target audiences.	DOH website information about STDs is formal and limited in terms of educational content for young at-risk audiences.
The established GIC social media presence allows for seamless, immediate promotion to specific and discrete audiences.	DOH website content is buried and/or hidden. Multiple link clicks are required to find information and labels (i.e. Family Planning) are unlikely to appear relevant to the target audience.
The at-risk youth/young adult GIC audiences overlap with FBS and Cōr audiences. Adding consumer-facing content to an established/expanded website infrastructure would be an efficient way to reach these young people in a form that will resonate with them and will fill a gap in DOH/MCH content.	At-risk youth/young adults are unlikely to feel comfortable searching the DOH site for STD information.

## WORKBOOK

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This section of the Needs Assessment will involve a collaborative effort from key DOH/MCH staff to review, prioritize, and/or update target audiences and communication goals. HPI will facilitate these discussions, combine your responses, and provide a set of advertising recommendations for each brand based on the agreed upon final workbook content which can then be used to guide budgeting, marketing, and advertising efforts going forward.

Armed with the background information contained in the previous sections, let's revisit the purpose of conducting a communication needs assessment which is to:

1. Connect broad program-centered guiding strategies and goals with audience-specific communication strategies and marketing tasks
2. Identify clear pathways for both staff and end-users to quickly and easily find and consume the content they are looking for
3. Leverage existing brands and platforms in order to provide the best possible user experience

The goal is to answer the following:

4. What are we talking about and to whom?
5. How should the information be organized and presented?
6. What is the best way to make the audience aware, get them interested, and direct them to the relevant content?



## SD Department of Health / Maternal Child Health

The guiding principles for the South Dakota Department of Health are reflected in the 2020 Strategic Plan. Goals 2, 4 and 5 set forth objectives and strategies specifically related to communication efforts. Some of those relevant to MCH programs are highlighted below—but please add or subtract as needed—we expect that you have information and/or know things that we don't. The goal here is to compose a comprehensive overview of communication goals so we can apply an integrated set of strategies that will serve both internal and external communication needs.



**PLEASE NOTE:** There are no wrong answers or questions. This exercise is intended to confirm messages and audiences, inspire discussion, and to help us identify the best way to deliver the content to the various audiences using the best mix of available DOH assets. Questions, thoughts, and ideas are welcome in this section!

### Goal 2: Provide services to improve public health

#### 2021 Strategies:

1. Increase the number of youth and young adults who access tobacco cessation services through the use of technology.
2. Enhance public awareness of the dangers of vaping.
3. Develop provider and public education campaign to promote safe sleep.
4. Educate daycare providers on nutrition, physical activity, and safe sleep.
5. Develop a media campaign with partners focusing on vaccine safety and efficacy.

### Goal 4: Maximize partnerships to address underlying factors that determine overall health

#### 2021 Strategies:

1. Assist four counties to implement Communities that Care comprehensive prevention model including building coalitions, conducting a youth survey, and initiating community action planning.
2. Develop and disseminate a media campaign to increase suicide awareness specific to American Indian and veteran populations.
3. Provide data from maternal and child death review to the SD Preventable Death Committee to inform prevention efforts.
4. Partner with the Department of Social Services to implement plans of safe care to support infants with prenatal substance exposure and their families.
5. Evaluate how department workgroups, coalitions, and advisory committees have incorporated recommendations related to partner engagement to address health equity.
6. Coordinate with Community Action Programs and tribal partners to support quarantine, isolation, and contact tracing during a public health emergency.

7. Expand reach and access to evidence-based fall prevention interventions by expanding Walk with Ease to three new communities and Fit & Strong in four new communities.
8. Implement a statewide standing order for Narcan to people at risk of opioid overdose and their close contacts.

### Goal 5: Strengthen and support a qualified workforce

#### 2021 Strategies:




1. Assess core competencies, conduct gap analysis, and develop training and materials to address identified gaps in workforce development plan.
2. Assess implementation of streamlined, competency-based selection model used in Correctional Health department-wide.
3. Implement centralized training platform to deliver a minimum of two required trainings to all department employees.
4. Through the Community Health Worker Collaborative of South Dakota, develop a strategic plan around a statewide community health worker program.
5. Evaluate the effectiveness of department healthcare recruitment incentive programs.
6. Develop a division-level plan to disseminate evidence-based public health messaging through paid, earned, and digital media.
7. Roll-out a revised strategic onboarding program including evaluation.

Thinking in terms of communication efforts, fill in Table 1 below. We've included an example to get you started, but again, feel free to make corrections or add notes. We'll collect responses, review and agree on as a team, and HPI will deliver the consensus as part of the final Needs Assessment document.

**Table 1: DOH Goals & Strategies 2020**

GOAL, STRATEGY OR GUIDING PRINCIPAL	AUDIENCE	WHERE WILL THE MESSAGE/ CONTENT BE HOUSED?	BEST PATHWAY TO FIND AND CONSUME THE MESSAGE?	BRAND
GOAL 2 STRATEGY 3: Provider & public education campaign for safe sleep	Providers	FBS Website DOH website?	Industry Trade Publications	For Baby's Sake
GOAL 2 STRATEGY 3: Provider & public education campaign for safe sleep	Public: <ul style="list-style-type: none"> <li>• Young Women</li> <li>• Families</li> <li>• Grandparents</li> <li>• Caregivers</li> </ul>	FBS Website	<ul style="list-style-type: none"> <li>• Social Media</li> <li>• Radio</li> </ul>	For Baby's Sake



GOAL 2 STRATEGY 4: Educate daycare providers on nutrition, physical activity, safe sleep	<ul style="list-style-type: none"> <li>• Daycare providers</li> <li>• Professional organization?</li> <li>• Licensing board?</li> </ul>	<ul style="list-style-type: none"> <li>• FBS website for safe sleep; add content for nutrition &amp; PA</li> <li>• or direct to Healthy SD website?</li> </ul>	<ul style="list-style-type: none"> <li>• Social Media</li> <li>• Newsletter?</li> <li>• Link on DOH to FBS website?</li> </ul>	<ul style="list-style-type: none"> <li>• For Baby's Sake</li> <li>• Healthy SD?</li> <li>• DOH?</li> </ul>
GOAL 4 STRATEGY 3: Provide data to SD Preventable Death Committee to inform prevention efforts				
GOAL 4 STRATEGY 4: Partner with DSS to implement plans of safe care to support infants with prenatal substance exposure and their families				
GOAL 4 STRATEGY 5: Evaluate how department workgroups, coalitions, and committees have incorporated recommendations related to partner engagement to address health equity				
GOAL 5 STRATEGY 6: Develop a division-level plan to disseminate evidence-based public health messaging through paid, earned, and digital media				
				
				
				

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

Considering what we know about the DOH website organizational structure and content, are there plans and/or time frames related to any of the following, and if so what detail or notes can be provided?

	YES/NO	ANTICIPATED TIMELINE	PRIORITY LEVEL (high, medium, low)	TEAM MEMBERS	DETAILS/NOTES
Sitewide content audit					
Updates to current infrastructure					
Streamlining navigation and menus					
Revised content by section					
Complete rebuild					




## MCH Guiding Strategies & Communication Opportunities

A number of communication opportunities were identified in the MCH Goals & Strategies section. Here, we will review, prioritize, and add or subtract from the list with the ultimate goal being to determine how to turn communication opportunities into activities and assign them. We'll also revisit and prioritize audiences and messages.

Consider the communication opportunities and suggestions related to the location of core content, pathway for distribution, and suggested branding in Table 2. What aligns with program goals? What's missing? What could be added?

**Table 2: MCH Guiding Strategies & Communication Opportunities**

GUIDING STRATEGY	COMMUNICATION OPPORTUNITY	AUDIENCE	WHERE WILL THE MESSAGE/CONTENT BE HOUSED?	BEST PATHWAY TO FIND AND CONSUME THE MESSAGE?	BRAND
GUIDING STRATEGY 1: Enhance internal and external partnerships to address MCH priorities.	Add MCH About Us & Mission content	<ul style="list-style-type: none"> <li>Admin, staff, partners</li> <li>Public</li> </ul>	<ul style="list-style-type: none"> <li>DOH Website</li> <li>Revise <a href="#">FBS About Us</a></li> </ul>	<ul style="list-style-type: none"> <li>Newsletter?</li> <li>Intranet?</li> <li>Social Media</li> </ul>	<ul style="list-style-type: none"> <li>DOH?</li> <li>MCH?</li> <li>FBS</li> </ul>
GUIDING STRATEGY 2: Utilize DOH communications and social media platforms to enhance education and awareness	Reorganize existing MCH content using existing DOH infrastructure for formal MCH messages.	<ul style="list-style-type: none"> <li>Admin, staff, partners</li> <li>Public (secondary)</li> </ul>	<ul style="list-style-type: none"> <li>DOH Website</li> <li>MCH Section</li> </ul>	<ul style="list-style-type: none"> <li>Newsletter?</li> <li>Intranet?</li> </ul>	<ul style="list-style-type: none"> <li>DOH?</li> <li>MCH?</li> </ul>
GUIDING STRATEGY 2: Utilize DOH communications and social media platforms to enhance education and awareness	Rebuild existing FBS infrastructure for consumer-facing messages to land, allowing for audience expansion and ability to amplify additional brands including WIC, Cōr Health, and Got It Covered.	<ul style="list-style-type: none"> <li>Public (secondary)</li> </ul>	<ul style="list-style-type: none"> <li>FBS Website</li> </ul>	<ul style="list-style-type: none"> <li>Social Media</li> <li>Radio</li> </ul>	<ul style="list-style-type: none"> <li>FBS</li> <li>Cōr</li> <li>GIC</li> <li>WIC</li> </ul>
GUIDING STRATEGY 3: Maintain DOH infrastructure/workforce in order to provide education and outreach to clients and providers.	Add website functionality to accommodate training, ongoing education, accreditation, event management, materials ordering	<ul style="list-style-type: none"> <li>Admin, staff, partners, providers</li> <li>Public (clients)</li> </ul>	<ul style="list-style-type: none"> <li>DOH Website</li> <li>MCH Section</li> <li>FBS website</li> <li>WIC website</li> </ul>	<ul style="list-style-type: none"> <li>Newsletter?</li> <li>Intranet?</li> <li>Social Media</li> <li>Radio</li> </ul>	<ul style="list-style-type: none"> <li>DOH?</li> <li>MCH?</li> <li>FBS</li> <li>Cōr</li> <li>GIC</li> <li>WIC</li> </ul>

GUIDING STRATEGY	COMMUNICATION OPPORTUNITY	AUDIENCE	WHERE WILL THE MESSAGE/ CONTENT BE HOUSED?	BEST PATHWAY TO FIND AND CONSUME THE MESSAGE?	BRAND
GUIDING STRATEGY 4: Maintain data and epidemiology support to assist with collection and analysis of data.	<ul style="list-style-type: none"> <li>• Upgrade websites to take advantage of full suite of Google Analytics</li> <li>• Incorporate data dashboards such as Tableau</li> </ul>	<ul style="list-style-type: none"> <li>• Admin, staff, partners</li> <li>• Public (secondary)</li> </ul>	<ul style="list-style-type: none"> <li>• DOH Website</li> <li>• FBS website</li> <li>• WIC website</li> </ul>	<ul style="list-style-type: none"> <li>• Newsletter?</li> <li>• Intranet?</li> <li>• Social Media</li> <li>• Radio</li> </ul>	<ul style="list-style-type: none"> <li>• DOH</li> <li>• FBS</li> <li>• WIC</li> </ul>
					
					
					

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

## Brainstorming Exercises

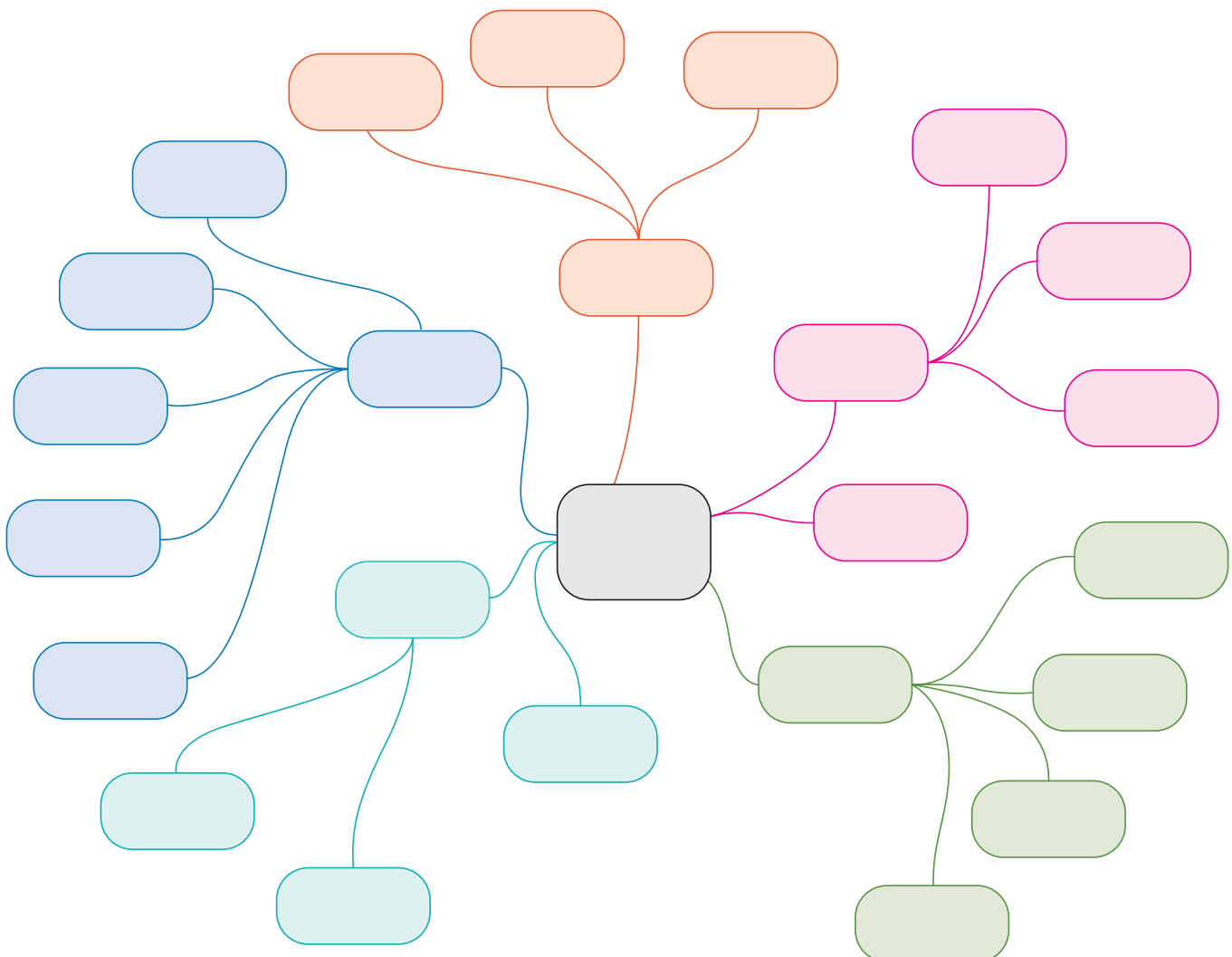
Because communication efforts, audiences, and message delivery systems often overlap, we want to be sure we are including as many ideas related to how best to reach those audiences, with what messages, and through which channels. The Mind Map and 5-Set Venn Diagram provided on the following pages are your opportunity to add thoughts and ideas or illustrate communication models or messaging that may not have been discussed to this point with regard to the umbrella DOH brand and MCH program.

Again, there are no wrong answers, this is your blank slate. Use this space to jot down any thoughts or suggestions you may have or additional communication considerations that should be discussed with the team.

## Mind Map

This template can be used to help us:

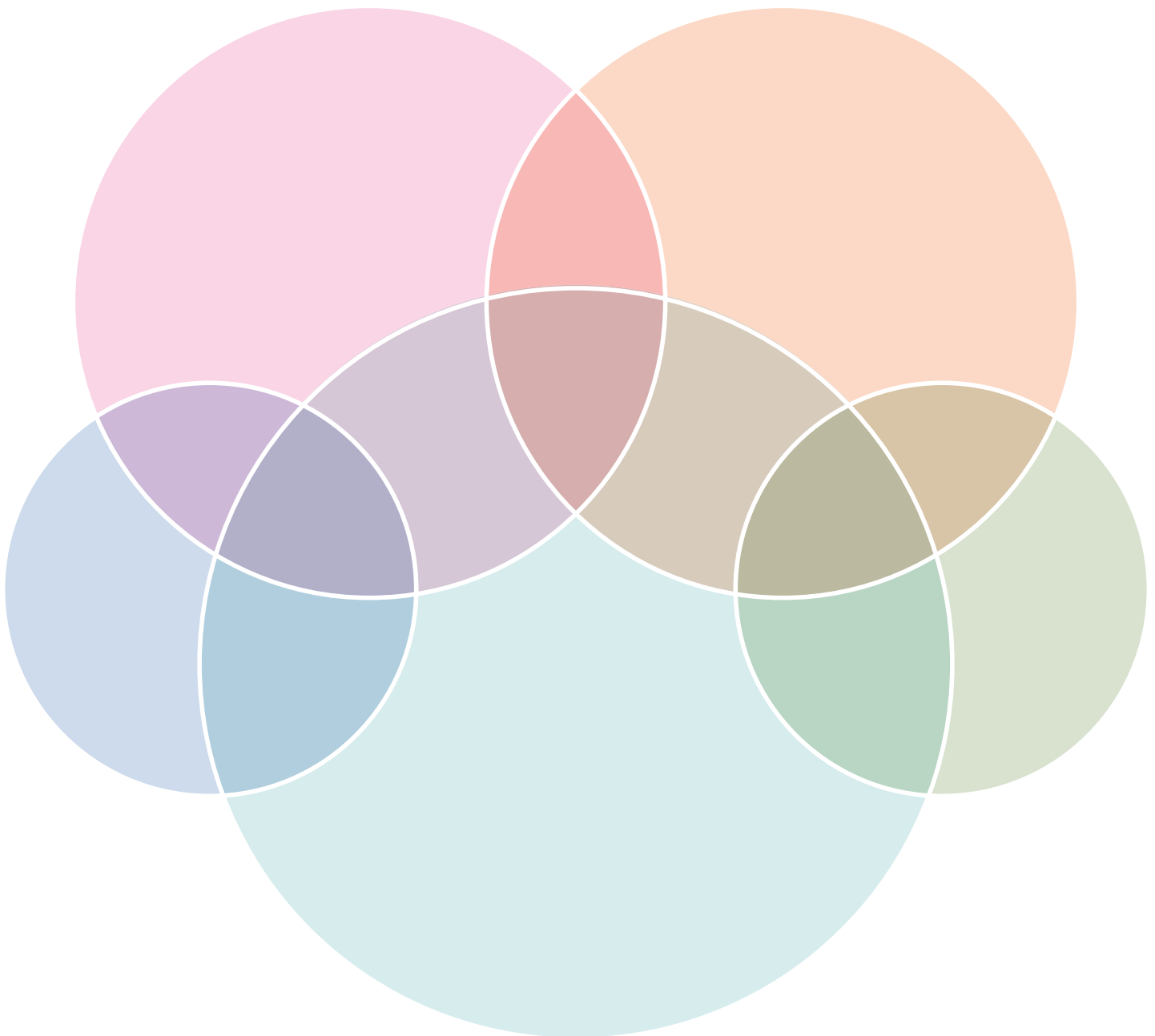
- Visualize thoughts and ideas related to communication efforts and audiences
- Illustrate communication hierarchies and pathways to reach audiences with various messages



## Five-set Venn Diagram

This template can be used to help us:

- Demonstrate similarities and differences when brands or messages overlap
- Illustrate similarities and differences between content marketing distribution channels
- Visualize which types of content are most appropriate for each distribution channel or brand



**Final Thoughts: DOH/MCH**

This space is for any other comments, ideas, doodles, or notes:

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## For Baby's Sake

In this section we will focus on specific marketing and communication goals for the For Baby's Sake brand, audiences, and consumer-facing content and digital spaces. As a reminder, the overarching guiding strategies for the Maternal Child Health Program are:

**Goal 1:** Improve the quality, accessibility, and effective use of healthcare.

**Goal 2:** Support life-long health for all South Dakotans.

**Goal 3:** Prepare for, respond to, and prevent public health threats.

**Goal 4:** Develop and strengthen strategic partnerships to improve public health.

**Goal 5:** Maximize and strengthen infrastructure of the Department of Health.

Keeping these goals in mind, and thinking in terms of how we can use marketing and communication strategies to help achieve them, some examples of actions we can take include:

**Improve accessibility:** provide instructive and more complete information related to healthcare practices (i.e. preconception health, healthy eating, fertility, mental health) and services (i.e. WIC, Family Planning, Behavioral Health) on the For Baby's Sake website. Direct audiences to website content via social media and support materials.

**Support life-long health:** expand content on the For Baby's Sake website to include messaging related to preconception health and planning, overall health and nutrition, family planning, risks associated with marijuana use, childcare, and resources and services for families and children with special needs.

**Prepare/prevent public health threats:** develop new content related to vaccine efficacy and expand content related to the importance of vaccination scheduling. Point users to DOH data dashboards.

**Develop & strengthen partnerships:** Expand website content related to parent, healthcare and childcare provider training and resources.

Additional actions or considerations:

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## FBS Audiences & Priority Messages

The For Baby's Sake campaign materials and website were designed to house information related to the early signs of pregnancy, prenatal care, safe sleep, and immunizations. The primary audience has been women of childbearing age, however as the brand has evolved and content has expanded, FBS also strives to address the health and wellbeing needs of:

- South Dakota Families
- Women
- Grandparents & Caregivers
- Adolescents & Young Adults
- Parents of Children with Special Needs
- Priority Populations (i.e. low SES, Native Americans)

Additionally, FBS messaging and communication efforts have been developed to provide support information and be a resource for secondary audiences that serve women of childbearing age, young families, and young adults including:

- Healthcare Providers
- Staff
- Partners
- Community Leaders/Advocates/Coalitions

Additional audiences:

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## Communication Challenges

With the above FBS audiences in mind, consider:

- What communication challenges can get in the way of receiving, believing, or trusting FBS messaging?
- What physical challenges are present (i.e. limited access to care, rural landscape/geographic isolation, social needs like food, housing, childcare, parenting education and support)?
- What communication gaps exist?
- What's the best way to deliver the message to them?

**Table 3: Communication Challenges & Gaps**

AUDIENCE	COMMUNICATION CHALLENGES	PHYSICAL CHALLENGES	COMMUNICATION GAPS	BEST WAY TO DELIVER THE INFORMATION?
Women of childbearing age				
Women				
Grandparents				
Caregivers				
Adolescents				
Young adults				
Parents of children with special needs				
Priority population				
Providers				
Staff				
Partners				
				
				
				




 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

## Reasons for Advertising

Reasons for advertising can vary widely but are usually rooted in providing information and inspiring action. In public health that translates into changing behavior based on risk factors, relevant data and statistics. While thinking about each audience, consider some of the following reasons for advertising, list any supporting data or statistics, and desired outcomes. Some reasons to advertise include:

- Improve access to/for...
- Increase awareness of...
- Decrease risk for...
- Encourage implementation of...
- Develop a system or program that...
- Educate (who about what?)
- Develop resources for/by...
- Improve relationships between...
- Collect data for analysis of...

**Table 4: Reasons for Advertising & Action Desired**


AUDIENCE	REASON FOR ADVERTISING?	SUPPORTING DATA	DESIRED ACTION
Women of childbearing age			
Women			
Grandparents			
Caregivers			
Adolescents			
Young adults			
Parents of children with special needs			
Priority population			
Providers			
Staff			
Partners			
			
			
			

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

## Messages & Stages

Consider the communication messages and suggestions related to priority, audience, stage of adoption (awareness, interest, evaluation, trial, or adoption) the location of core content, and best pathway for distribution, in Table 5. What aligns with FBS goals? What messages are missing? What could be added?

**Table 5: Messages & Stages**

MESSAGE	PRIORITY (HIGH, MEDIUM, LOW)	AUDIENCE	STAGE OF ADOPTION	WHERE WILL THE MESSAGE/ CONTENT BE HOUSED?	BEST PATHWAY TO FIND AND CONSUME THE MESSAGE?
Mental health/ substance abuse					
Safe sleep					
Parenting education & support					
Mental health/ suicide prevention					
Access to care & services					
Healthy Relationships					
Data sharing & collaboration					
					
					
					

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

### For Baby's Sake: Top Ranking Messages

Below are some of the current messages being promoted via the For Baby's Sake brand. Please rank in order of importance with 1 being the most important.

- ☐ Safe sleep guidelines
- ☐ Risk of infection & disease
- ☐ Early signs of pregnancy
- ☐ Family Planning
- ☐ Prenatal care
- ☐ Breastfeeding
- ☐ Prenatal Nutrition
- ☐ Bright Start
- ☐ Regular check-ups
- ☐ Well baby
- ☐ Immunization
- ☐ Well child
- ☐ WIC
- ☐ Well woman
- ☐ Maternal mental health
- ☐ Postpartum Depression
- ☐ Preconception health and planning
- ☐ Healthy lifestyles
- ☐ Risk of drugs, alcohol, marijuana, vape or smoke
- ☐ Maintaining oral health
- ☐ Vitamins & healthy diets

## Brainstorming Exercises

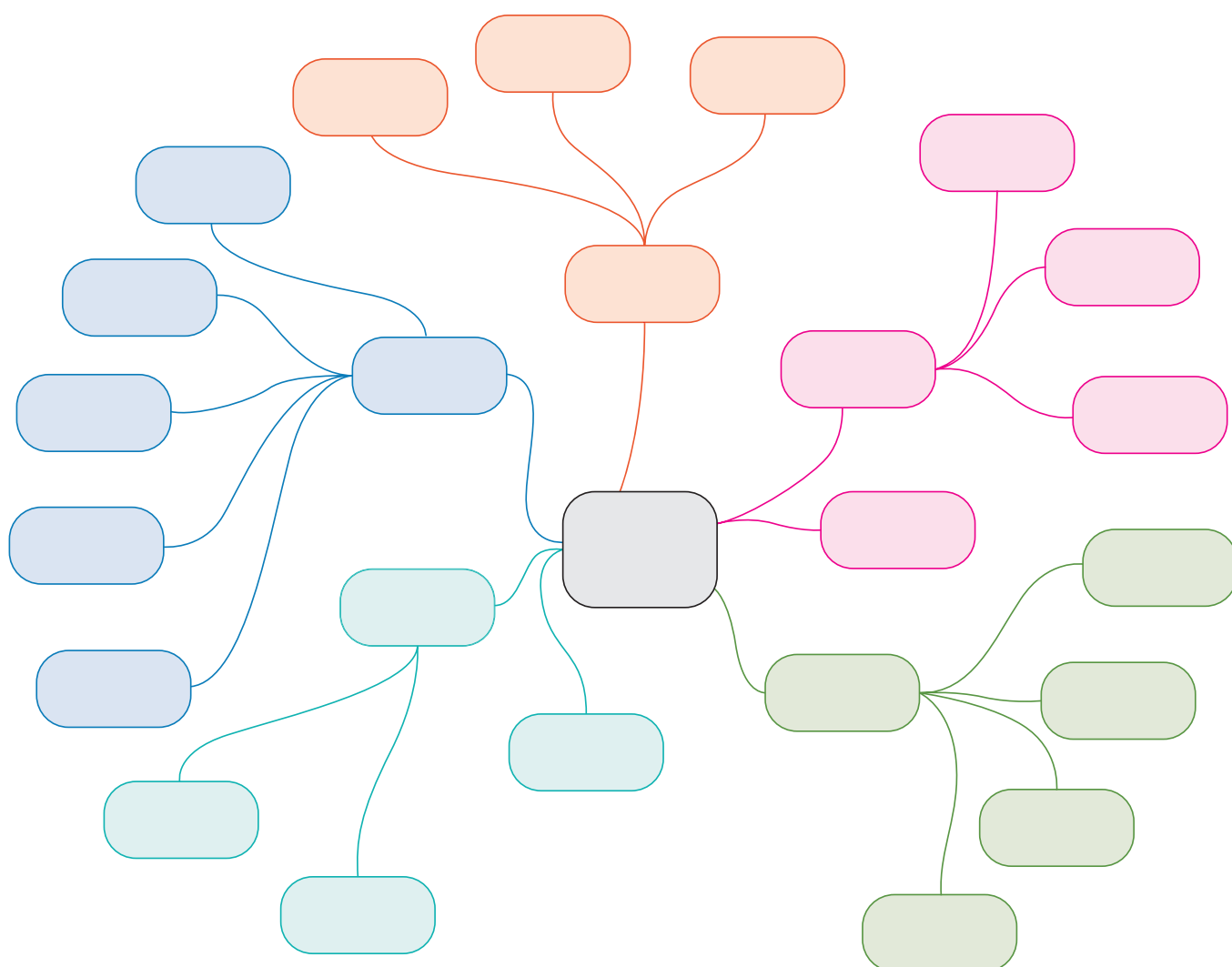
Because communication efforts, audiences, and message delivery systems often overlap, we want to be sure we are including as many ideas related to how best to reach those audiences, with what messages, and through which channels. The Mind Map and 5-Set Venn Diagram provided on the following pages are your opportunity to add thoughts and ideas or illustrate communication models or messaging that may not have been discussed to this point with regard to the umbrella DOH brand and MCH programs and their relationship to the FBS brand.

Again, there are no wrong answers, this is your blank slate. Use this space to jot down any thoughts or suggestions you may have or additional communication considerations that should be discussed with the team.

## Mind Map

This template can be used to help us:

- Visualize thoughts and ideas related to communication efforts and audiences
- Illustrate communication hierarchies and pathways to reach audiences with various messages

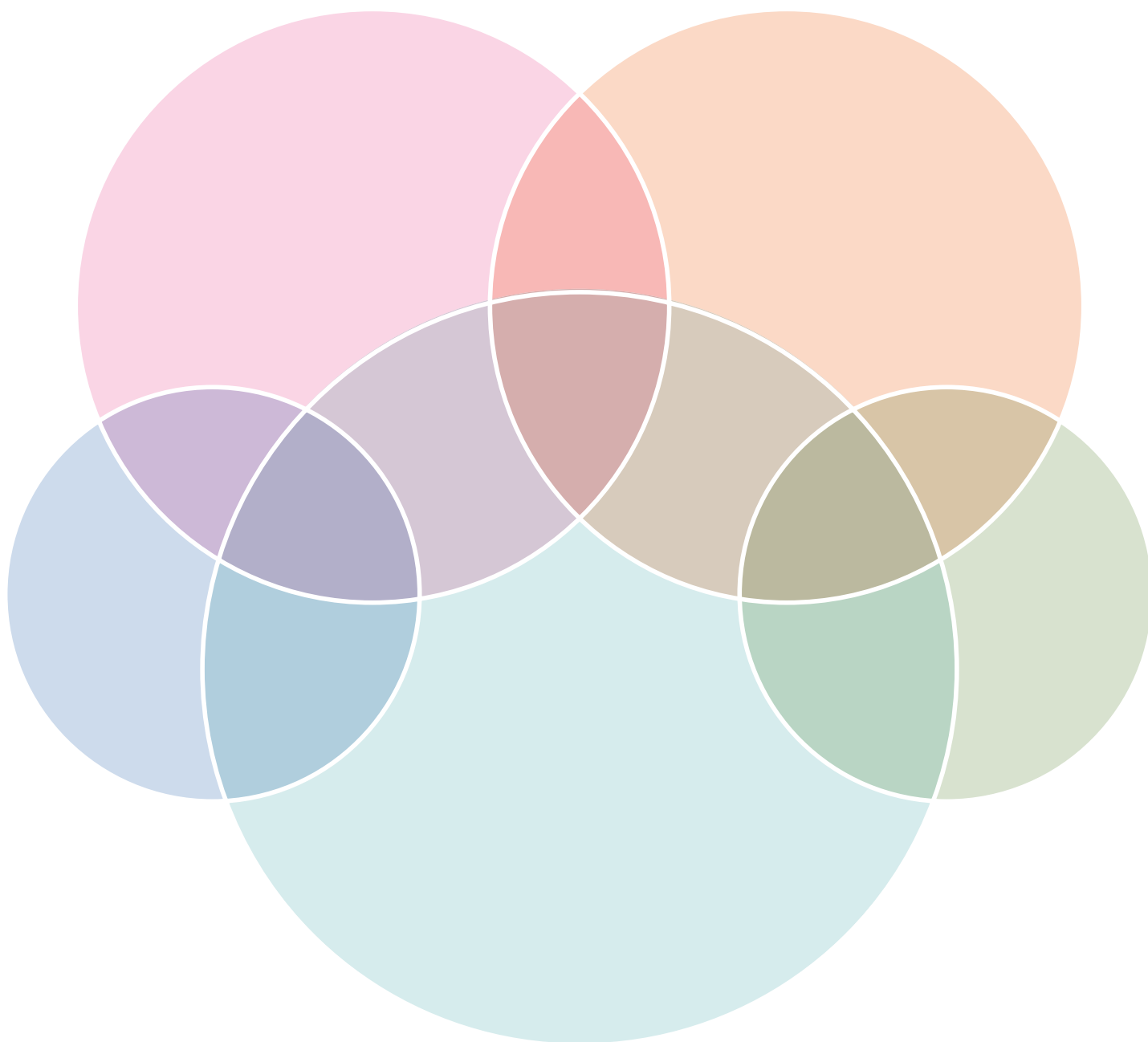




## Five-set Venn Diagram

This template can be used to help us:

- Demonstrate similarities and differences when brands or messages overlap
- Illustrate similarities and differences between content marketing distribution channels
- Visualize which types of content are most appropriate for each distribution channel or brand



**Final Thoughts: For Baby's Sake**

This space is for any other comments, ideas, doodles, or notes:

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## Cōr Health & Wellbeing

In this section we will focus on specific marketing and communication goals for the Cōr Health & Wellbeing brand, audiences, and consumer-facing content and digital spaces. As a reminder, the primary marketing objective of the brand launch was to:

- Provide parents and teens with evidence-based information related to mental and physical health
- Connect them to services that promote overall wellbeing
- Encourage teens and young adults to take responsibility for their own health

The intention was to break down a number of hard-to-talk-about topics and provide talking points, strategies, and tips for making conversations between parents and teens less awkward and more productive as well as providing some base information related to:

**Mental Health:** Depression, self-injury, suicide, types of disorders, trauma & bullying

**Reproductive Health:** How to talk about it, where to find support, STD prevention

**Physical Health:** Injury prevention, preventative visits, well-child and regular check-ups, screenings & information on what happens in terms of medical decision making when a child turns 18.

Keeping these topics and goals in mind, and thinking in terms of how we can use marketing and communication strategies to help achieve them:

- What are the goals for the brand moving forward?
- How have messaging priorities changed?
- What opportunities do we have to build on or reinforce existing messaging?
- How can we leverage the brand to connect parents and teens to services?

Some examples of actions we can take include:

### Improve accessibility:

- provide better wayfinding on the DOH website for parents and/or teens seeking information related to health and wellbeing
- build Cōr content into other existing DOH website assets (ie. For Baby's Sake, or Healthy SD)
- build a stand-alone Cōr site
- direct audiences to website content via social media and support materials

**Support life-long health:** expand website content and social media promotions to include more complete consumer-oriented information related to mental, reproductive, and physical health.

**Develop & strengthen partnerships:** expand and promote partnerships related to parent and teen training and resources.

## Cōr Audiences & Priority Messages

The Cōr social media campaign was designed to raise awareness around key health and wellbeing topics, provide parents and teens with base information, and point them to local services. Social media efforts to date have directed messaging to two broad audiences:

- Adolescents & Young Adults
- Parents with Children Ages 13-26

Additional audiences that could be considered to help promote brand awareness and provide secondary audiences with information to help with their advocacy work could include:

- Grandparents & caregivers
- Healthcare Providers
- Staff
- Partners
- Community Leaders/Advocates/Coalitions

Audience notes on more specialized, primary audience segments (ie. priority populations within the broad primary audiences) and/or secondary audiences:

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## Communication Challenges

With the above Cōr audiences in mind, consider:

- What communication challenges can get in the way of receiving, believing, or trusting Cōr messaging?
- What physical challenges are present (i.e. limited access to care, rural landscape/geographic isolation, social needs like food, housing, childcare, parenting education and support)?
- What communication gaps exist?
- What's the best way to deliver the message to them?

**Table 3: Communication Challenges & Gaps**

AUDIENCE	COMMUNICATION CHALLENGES	PHYSICAL CHALLENGES	COMMUNICATION GAPS	BEST WAY TO DELIVER THE INFORMATION?
Adolescents				
Young adults				
Parents of children age 13-26				
Providers				
Staff				
Partners				
Grandparents & caregivers				
Priority Audiences?				
				
				
				


 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

## Reasons for Advertising

Reasons for advertising can vary widely but are usually rooted in providing information and inspiring action. In public health that translates into changing behavior based on risk factors, relevant data, and statistics. While thinking about each audience, consider some of the following reasons for advertising, list any supporting data or statistics, and desired outcomes. Some reason to advertise include:

- Improve access to/for...
- Increase awareness of...
- Decrease risk for...
- Encourage implementation of...
- Develop a system or program that...
- Educate (who about what?)
- Develop resources for/by...
- Improve relationships between...
- Collect data for analysis of...

**Table 4: Reasons for Advertising & Action Desired**

AUDIENCE	REASON FOR ADVERTISING?	SUPPORTING DATA	DESIRED ACTION
Adolescents			
Young adults			
Parents of children age 13-25			
Providers			
Staff			
Partners			
Grandparents & caregivers			
Priority audiences?			
			
			
			

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.




## Messages & Stages

Consider the communication messages and suggestions related to priority, audience, stage of adoption (awareness, interest, evaluation, trial, or adoption) the location of base content, and best pathway for distribution, in Table 5. What aligns with Cōr goals? What messages are missing? What could be added?

**Table 5: Messages & Stages**

MESSAGE	PRIORITY (HIGH, MEDIUM, LOW)	AUDIENCE	STAGE OF ADOPTION	WHERE WILL THE MESSAGE/CONTENT BE HOUSED?	BEST PATHWAY TO FIND AND CONSUME THE MESSAGE?
Depression					
Suicide					
Types of mental health disorders					
Self injury					
Trauma					
Bullying					
Reproductive Health					
Injury prevention					
Preventative visits					
Well-child visits					
Regular check-ups					
Screenings					
Transitioning medical care when a child turns 18					
Healthy relationships					
Taking responsibility for overall well being					
Positive decision making					
Balancing mental and physical health					



MESSAGE	PRIORITY (HIGH, MEDIUM, LOW)	AUDIENCE	STAGE OF ADOPTION	WHERE WILL THE MESSAGE/CONTENT BE HOUSED?	BEST PATHWAY TO FIND AND CONSUME THE MESSAGE?
Encouraging independence					
Stress management					
					
					
					

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

### Cōr: Top Ranking Messages

Below are some of the current messages being promoted via the Cōr Health & Wellbeing brand. Please rank in order of importance with 1 being the most important.

- ☐ Suicide
- ☐ Regular check-ups
- ☐ Well child check-ups
- ☐ Healthy relationships
- ☐ Mental health screenings
- ☐ Stress management
- ☐ Parenting classes/resources
- ☐ Depression
- ☐ Injury prevention
- ☐ Healthy lifestyles
- ☐ Physical wellbeing
- ☐ Mental health & wellbeing
- ☐ Types of mental health disorders
- ☐ Healthy communication

## Brainstorming Exercises

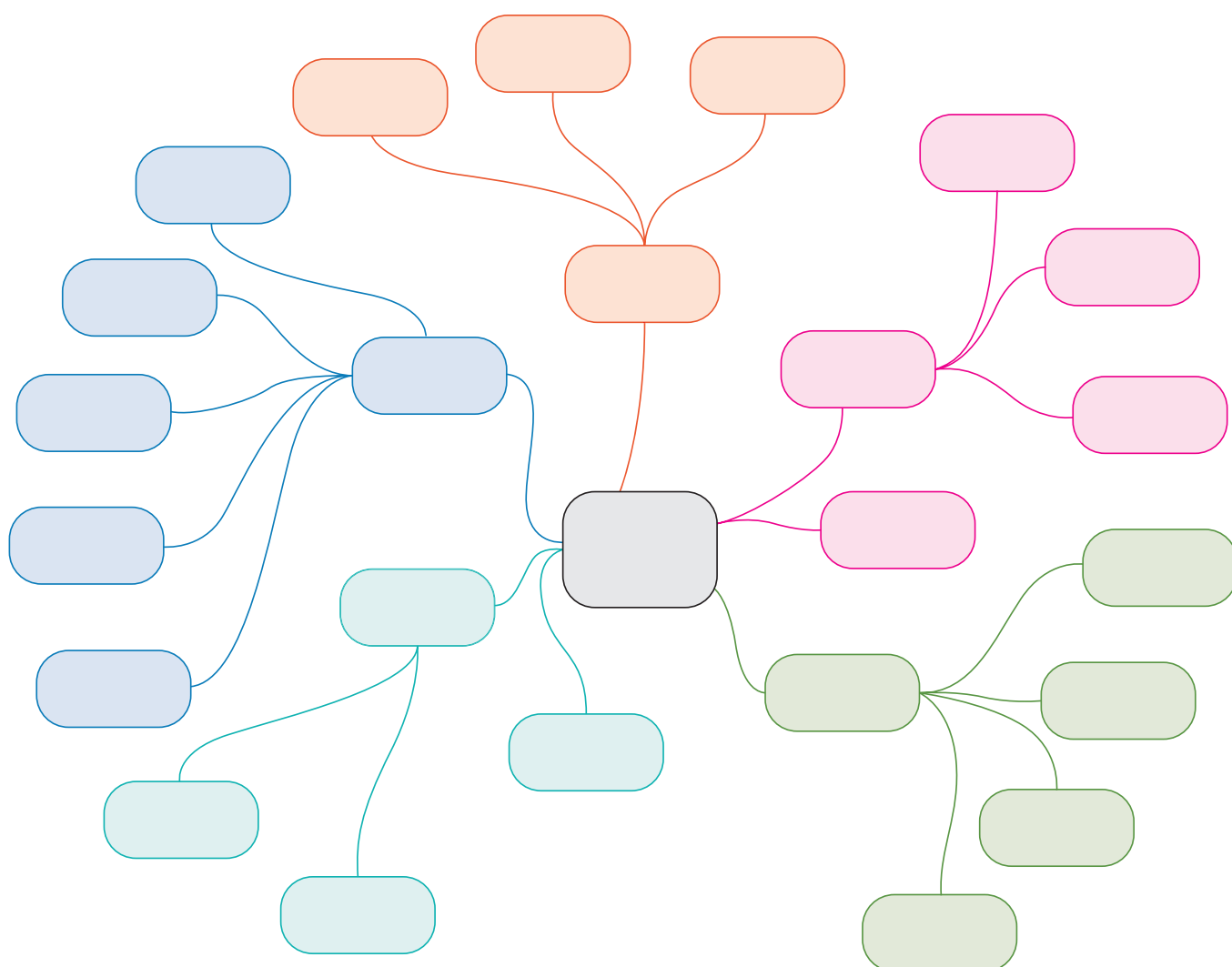
Because communication efforts, audiences, and message delivery systems often overlap, we want to be sure we are including as many ideas related to how best to reach those audiences, with what messages, and through which channels. The Mind Map and 5-Set Venn Diagram provided on the following pages are your opportunity to add thoughts and ideas or illustrate communication models or messaging that may not have been discussed to this point with regard to the umbrella DOH brand and MCH programs and their relationship to the Cör brand.

Again, there are no wrong answers, this is your blank slate. Use this space to jot down any thoughts or suggestions you may have or additional communication considerations that should be discussed with the team.

## Mind Map

This template can be used to help us:

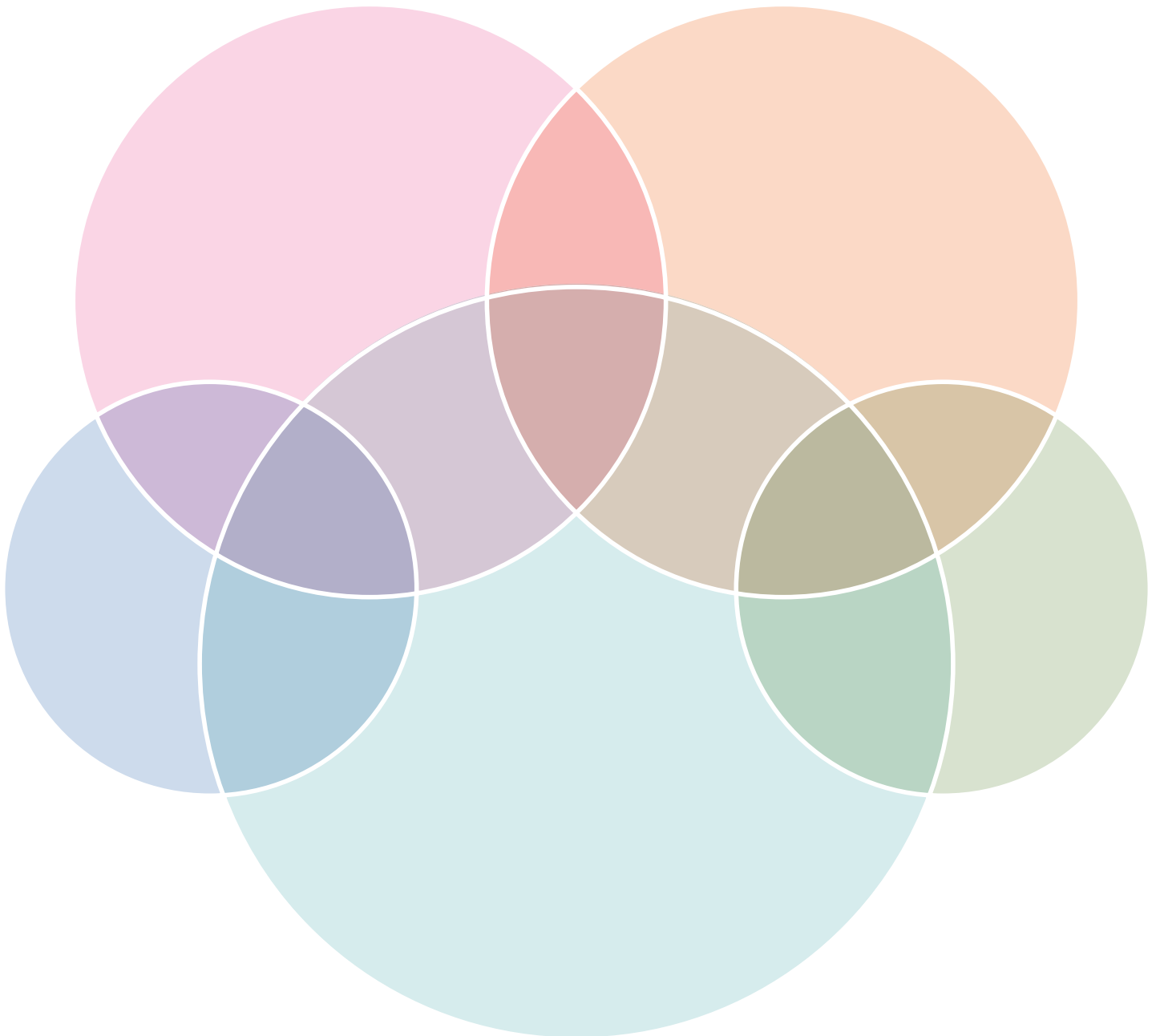
- Visualize thoughts and ideas related to communication efforts and audiences
- Illustrate communication hierarchies and pathways to reach audiences with various messages



### Five-set Venn Diagram

This template can be used to help us:

- Demonstrate similarities and differences when brands or messages overlap
- Illustrate similarities and differences between content marketing distribution channels
- Visualize which types of content are most appropriate for each distribution channel or brand



## Final Thoughts: Cōr Health & Wellbeing

This space is for any other comments, ideas, doodles, or notes:

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## WIC

In this section we will focus on specific marketing and communication goals for the WIC brand, audiences, and consumer-facing content and digital spaces. As a reminder, WIC's mission is to:

- For income-eligible women who are pregnant or postpartum, provide nutritious food to supplement the diets of infants and children up to age five
- Provide information and education on healthy eating and breastfeeding
- Refer women and families to healthcare and other services

Keeping this mission in mind, and thinking in terms of how we can use marketing and communication strategies to help achieve them, some examples of actions we can take include:

**Improve public perception:** provide more information related to WIC services, the required education, and evidence-based data related to the positive impact WIC has on families. Make basic information more visible and accessible so that families who don't qualify for WIC services can still benefit from the free resources on the website related to nutrition, breastfeeding, healthy eating, shopping and preparing healthy food, parenting support, physical activity, etc.

**Ensure program benefits are provided to eligible persons:** expand the social media campaign to include a broader audience to help improve overall public perception and ensure that potential participants are aware of the program and benefits. Conduct focus groups and/or participant research to identify program strengths and weaknesses and solicit testimonials to be featured in media campaigns and on the website.

**Support life-long health:** expand content on the WIC website to include messaging related to overall health and nutrition, address potential cultural/language barriers and issues related to low SES parenting, expand resource sections and connect people to childcare, and other related resources and services for families and children.

**Develop & strengthen partnerships:** reinforce partnerships with other state services (ie. DSS, Strong Families, For Baby's Sake, Bright Start, Healthy SD, etc.)

Additional actions or considerations:

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## WIC Audiences & Priority Messages

The first-ever WIC social media campaign was designed to raise awareness of the program and recruit potential participants. Social media efforts to date have directed messaging specifically to:

- Low income South Dakota parents with Children under age 5
- SD Females of child-bearing age with Low Income Interests

Additional audiences that could be considered to could include:

- Fathers/Men
- Grandparents
- Caregivers
- Healthcare Providers
- Partners
- Community Leaders/Advocates/Coalitions

Additional audiences or priority populations:

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## Communication Challenges

With the above WIC audiences in mind, consider:

- What communication challenges can get in the way of receiving, believing, or trusting WIC messaging?
- What physical challenges are present (i.e. limited access to care, rural landscape/geographic isolation, social needs like food, housing, childcare, parenting education and support)?
- What communication gaps exist?
- What's the best way to deliver the message to them?

**Table 3: Communication Challenges & Gaps**

AUDIENCE	COMMUNICATION CHALLENGES	PHYSICAL CHALLENGES	COMMUNICATION GAPS	BEST WAY TO DELIVER THE INFORMATION?
Low income parents with children under age 5				
Women 16+				
Fathers/Men				
Grandparents				
Caregivers				
Healthcare providers				
Partners				
Community leaders				
Priority populations				
				
				
				

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

## Reasons for Advertising

Reasons for advertising can vary widely but are usually rooted in providing information and inspiring action. In public health, that translates into changing behavior based on risk factors, relevant data, and statistics. While thinking about each audience, consider some of the following reasons for advertising, list any supporting data or statistics, and desired outcomes. Some reason to advertise include:

- Improve access to/for...
- Increase awareness of...
- Decrease risk for...
- Encourage implementation of...
- Develop a system or program that...
- Educate (who about what?)
- Develop resources for/by...
- Improve relationships between...
- Collect data for analysis of...

**Table 4: Reasons for Advertising & Action Desired**

AUDIENCE	REASON FOR ADVERTISING?	SUPPORTING DATA	DESIRED ACTION
Low income parents with children under age 5			
Women 16+			
Fathers/Men			
Grandparents			
Caregivers			
Healthcare providers			
Partners			
Community leaders			
Priority populations			
			
			
			

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.



## Messages & Stages

Consider the communication messages and suggestions related to priority, audience, stage of adoption (awareness, interest, evaluation, trial, or adoption) the location of base content, and best pathway for distribution, in Table 5. What aligns with WIC goals? What messages are missing? What could be added?

**Table 5: Messages & Stages**

MESSAGE	PRIORITY (HIGH, MEDIUM, LOW)	AUDIENCE	STAGE OF ADOPTION	WHERE WILL THE MESSAGE/CONTENT BE HOUSED?	BEST PATHWAY TO FIND AND CONSUME THE MESSAGE?
Recruitment & eligibility					
Breastfeeding					
Nutrition education					
Healthy families					
Alcohol, tobacco & drugs					
Healthy pregnancy					
Physical activity					
Healthy eating					
Immunizations					
Shopping & meal preparation					
Program benefits					
Program success					
Referrals					
Parenting support					
					
					
					

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

**WIC: Top Ranking Messages**

Below are some of the current topics being promoted and/or prioritized within the WIC program. Please rank in order of importance with 1 being the most important.

- ☐ Eligibility
- ☐ Parenting resources
- ☐ Breastfeeding
- ☐ Healthy lifestyles
- ☐ Shopping and meal preparation
- ☐ Nutrition education
- ☐ Budgeting
- ☐ Healthy pregnancy
- ☐ Physical activity
- ☐ Immunizations
- ☐ Referrals

## Brainstorming Exercises

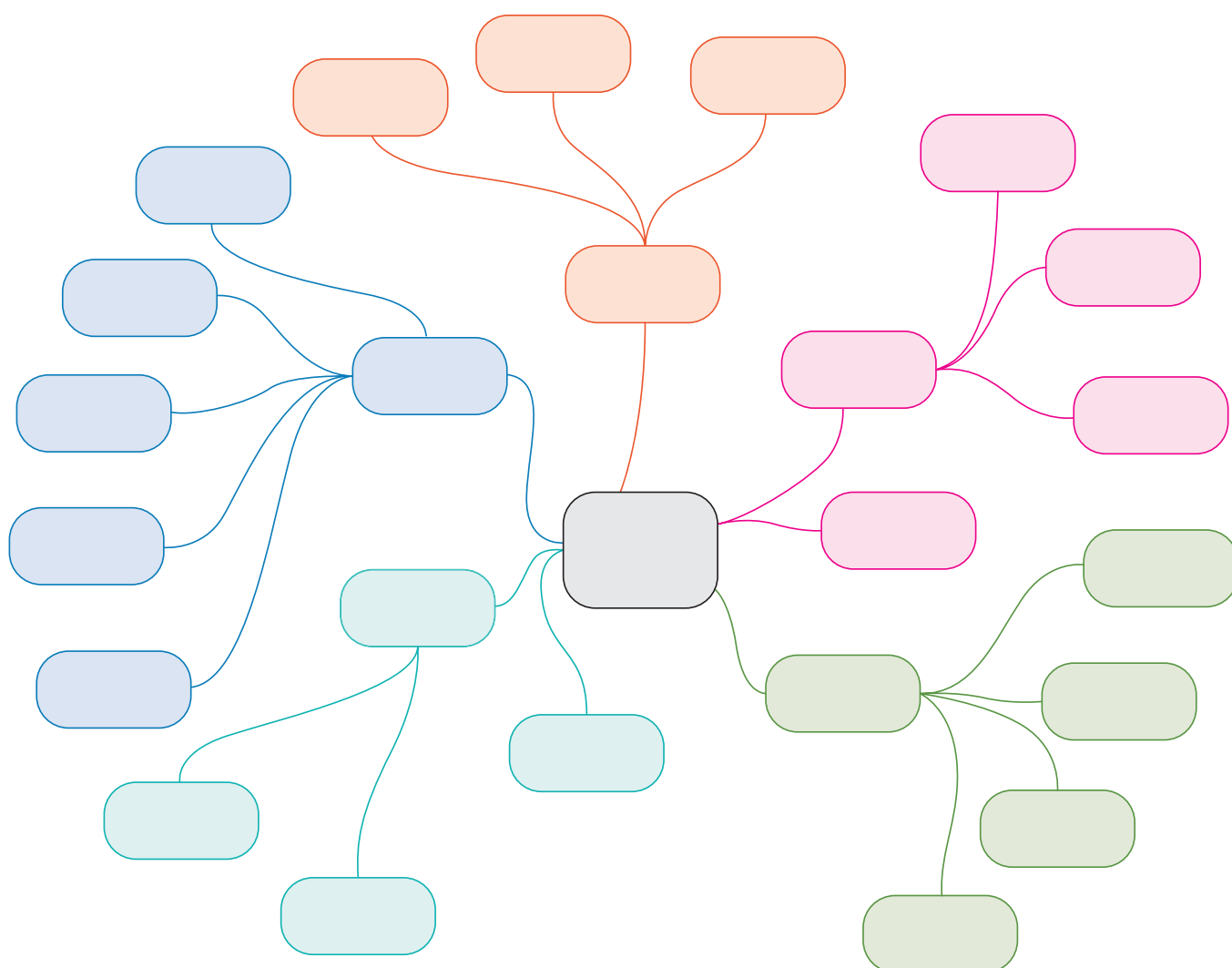
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Again, there are no wrong answers, this is your blank slate. Use this space to jot down any thoughts or suggestions you may have or additional communication considerations that should be discussed with the team.

## Mind Map

This template can be used to help us:

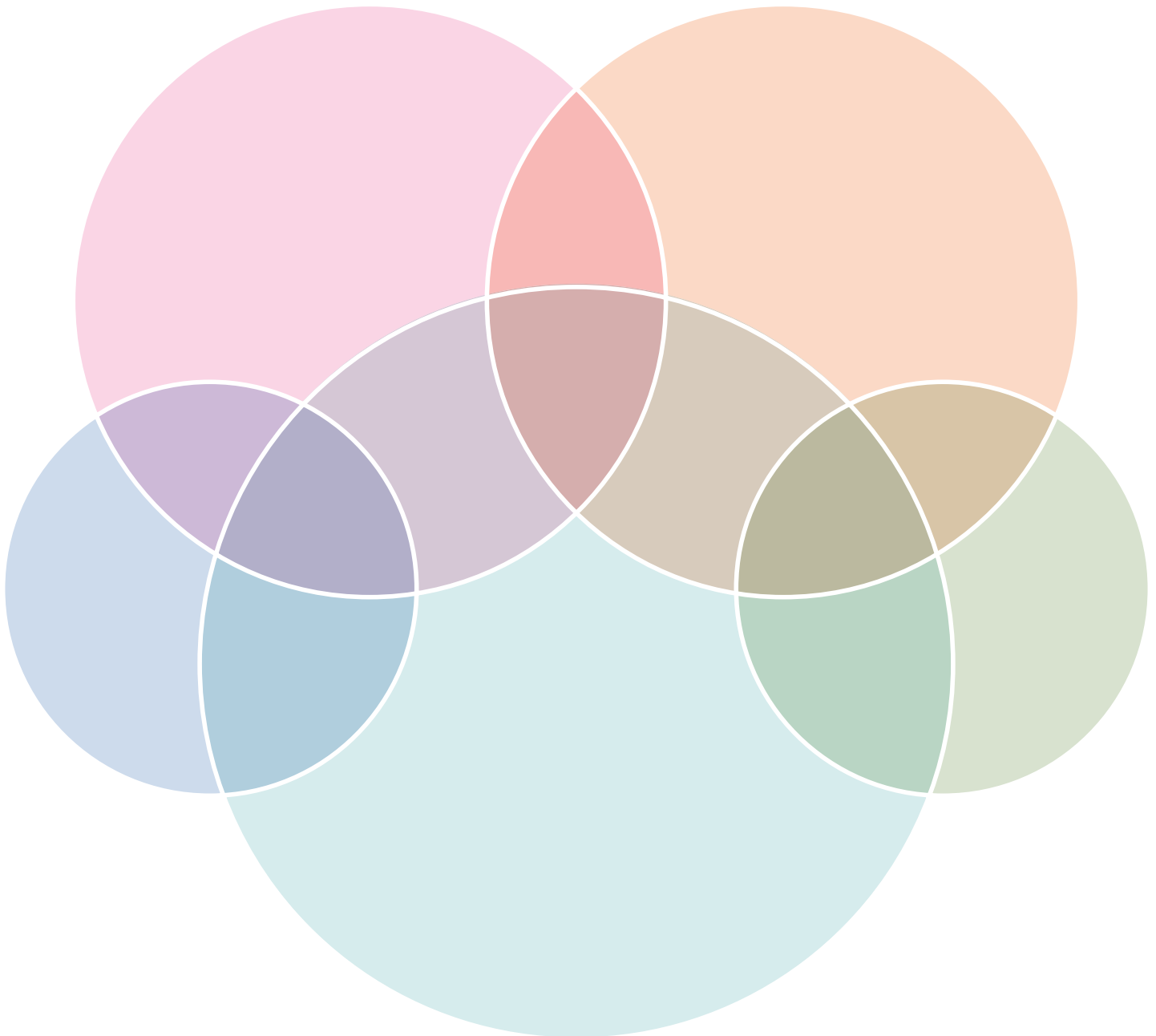
- Visualize thoughts and ideas related to communication efforts and audiences
- Illustrate communication hierarchies and pathways to reach audiences with various messages



### Five-set Venn Diagram

This template can be used to help us:

- Demonstrate similarities and differences when brands or messages overlap
- Illustrate similarities and differences between content marketing distribution channels
- Visualize which types of content are most appropriate for each distribution channel or brand



## Final Thoughts: WIC

This space is for any other comments, ideas, doodles, or notes:

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## Got It Covered

In this section we will focus on specific marketing and communication goals for the Got It Covered brand, audiences, and consumer-facing content and digital spaces. As a reminder, the primary marketing objective of the initial campaign, and subsequent pulsing campaign efforts was to:

- Address and provide education related to the increases in STD rates reported in South Dakota teens and young adults
- Address STD and/or HIV outbreaks and promote testing events
- Raise awareness about risk factors, symptoms, and health consequences of STDs
- Encourage teens and young adults to know their status and get tested

Keeping these topics and goals in mind, and thinking in terms of how we can use marketing and communication strategies to help achieve them:

- What are the goals for the brand moving forward?
- How have messaging priorities changed?
- What opportunities do we have to build on or reinforce existing messaging?
- How can we leverage the brand to connect young adults to services?

Some examples of actions we can take include:

**Improve accessibility:** provide better wayfinding on the DOH website for young adults seeking information related to risk factors, symptoms and health consequences and build more consumer-oriented content into other existing DOH website assets or build a stand-alone GIC webpage or site. Direct audiences to website content via social media and support materials.

**Support life-long health:** expand website content and social media promotions to include more complete consumer-oriented information related to STDs, safe sex practices, and testing.

**Develop & strengthen partnerships:** expand and promote partnerships related to sexual and reproductive health, especially within LGBTQ communities.

Additional actions or considerations:

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## GIC Audiences & Priority Messages

The ongoing GIC social media efforts are designed to raise awareness of the increased rates of STDs among teen and young adults (especially at-risk populations) and to encourage testing. Social media efforts to date have directed messaging specifically to:

- South Dakota youth 16-25 years of age
- At-risk youth & young adults
- LGBTQ+ populations

Additional audiences that could be considered to could include:

- Healthcare Providers
- Partners
- LGBTQ+ Coalitions and/or Community Organizations
- HIV Positive Population

Additional audiences or priority populations:

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## Communication Challenges

With the above GIC audiences in mind, consider:

- What communication challenges can get in the way of receiving, believing, or trusting GIC messaging?
- What physical challenges are present (i.e. limited access to care, rural landscape/geographic isolation, social needs like food, housing, childcare, parenting education and support)?
- What communication gaps exist?
- What's the best way to deliver the message to them?

**Table 3: Communication Challenges & Gaps**

AUDIENCE	COMMUNICATION CHALLENGES	PHYSICAL CHALLENGES	COMMUNICATION GAPS	BEST WAY TO DELIVER THE INFORMATION?
South Dakota youth 16-25				
At-risk youth & young adults				
LGBTQ+ populations				
Healthcare providers				
Partners				
LGBTQ+ Coalitions and/or Community Organizations				
HIV Positive population				
Priority populations?				
				
				
				

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.



## Reasons for Advertising

Reasons for advertising can vary widely but are usually rooted in providing information and inspiring action. In public health that translates into changing behavior based on risk factors, relevant data, and statistics. While thinking about each audience, consider some of the following reasons for advertising, list any supporting data or statistics, and desired outcomes. Some reason to advertise include:

- Improve access to/for...
- Increase awareness of...
- Decrease risk for...
- Encourage implementation of...
- Develop a system or program that...
- Educate (who about what?)
- Develop resources for/by...
- Improve relationships between...
- Collect data for analysis of...

**Table 4: Reasons for Advertising & Action Desired**

AUDIENCE	REASON FOR ADVERTISING?	SUPPORTING DATA	DESIRED ACTION
South Dakota youth 16-25			
At-risk youth & young adults			
LGBTQ+ populations			
Healthcare providers			
Partners			
LGBTQ+ Coalitions and/or Community Organizations			
HIV Positive population			
Priority populations?			
			
			
			

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

## Messages & Stages

Consider the communication messages and suggestions related to priority, audience, stage of adoption (awareness, interest, evaluation, trial, or adoption) the location of base content, and best pathway for distribution, in Table 5. What aligns with GIC goals? What messages are missing? What could be added?

**Table 5: Messages & Stages**

MESSAGE	PRIORITY (HIGH, MEDIUM, LOW)	AUDIENCE	STAGE OF ADOPTION	WHERE WILL THE MESSAGE/CONTENT BE HOUSED?	BEST PATHWAY TO FIND AND CONSUME THE MESSAGE?
STD facts					
STD risks					
Increases in STD reported cases					
Health Consequences					
Testing locations					
Importance of knowing your status					
HIV outbreaks & testing events					
LGBTQ+ event support					
Condom use					
Limiting partners					
Abstinence					
Referrals					
					
					
					

 The last 3 rows have been intentionally left blank to allow for your additional thoughts and ideas.

### GIC: Top Ranking Messages

Below are some of the current topics being promoted via the GIC brand.  
Please rank in order of importance with 1 being the most important.

- ☐ STD awareness
- ☐ STD facts
- ☐ STD Risks
- ☐ Health consequences
- ☐ Testing locations
- ☐ Condom use
- ☐ LGBTQ+ event support
- ☐ HIV outbreaks & testing events
- ☐ Limiting partners
- ☐ Abstinence

## Brainstorming Exercises

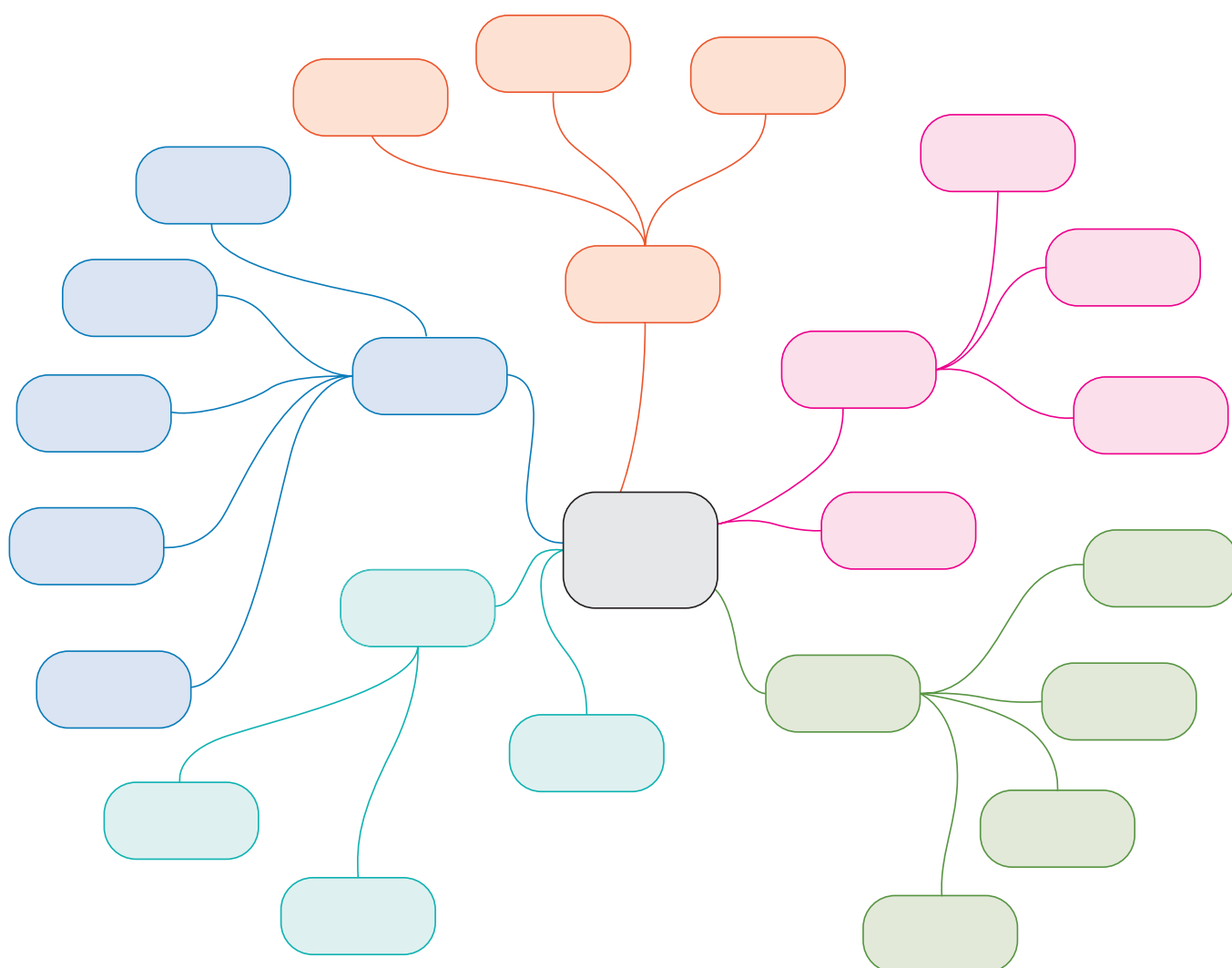
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Again, there are no wrong answers, this is your blank slate. Use this space to jot down any thoughts or suggestions you may have or additional communication considerations that should be discussed with the team.

## Mind Map

This template can be used to help us:

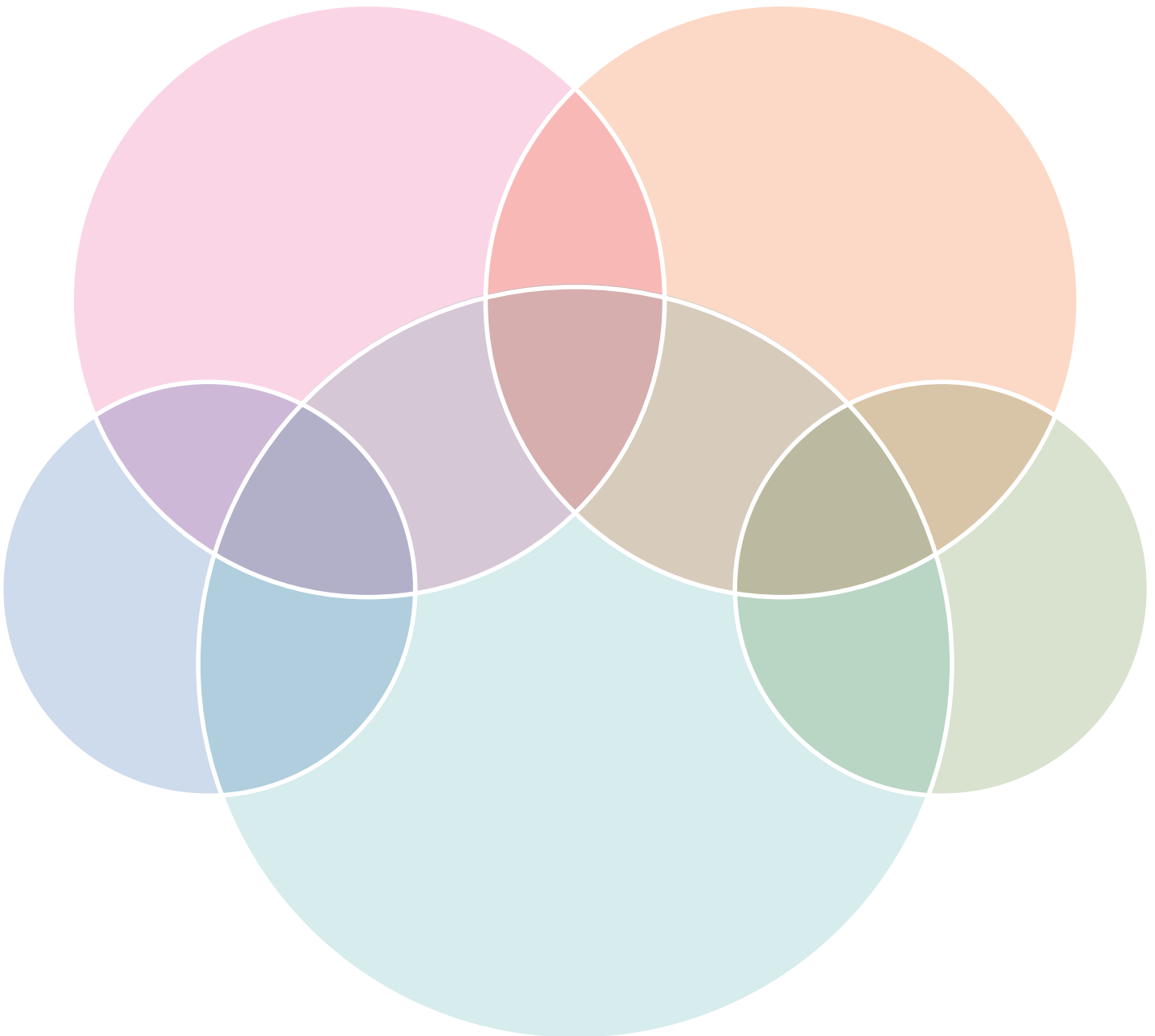
- Visualize thoughts and ideas related to communication efforts and audiences
- Illustrate communication hierarchies and pathways to reach audiences with various messages



### Five-set Venn Diagram

This template can be used to help us:

- Demonstrate similarities and differences when brands or messages overlap
- Illustrate similarities and differences between content marketing distribution channels
- Visualize which types of content are most appropriate for each distribution channel or brand



## Final Thoughts: GIC

This space is for any other comments, ideas, doodles, or notes:

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