

## FINAL DELIVERABLE

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<b>Completed By</b>	Logan Murry, Isabella Brauhn, Joy Woods, Whitney Bash-Brooks
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<b>Instructor</b>	Dr. Shelly Campo
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Provost's Office of Outreach and Engagement  
The University of Iowa  
111 Jessup Hall  
Iowa City, IA, 52241  
Phone: 319.335.0684  
Email: [outreach-engagement@uiowa.edu](mailto:outreach-engagement@uiowa.edu)  
Website: <http://outreach.uiowa.edu/>

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# “You Are Worth It!": A Health Communication Campaign for Young Professionals

Logan Murry  
Isabella Brauhn  
Joy Woods  
Whitney Bash-Brooks

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## **Goal**

We aim to reduce the level of perceived stigma associated with mental health by 5% from survey baseline in adults age 20-40 in Fairfield, IA.

## **Significance of the Problem**

The state of mental health in the United States is truly shocking. Results from the National Comorbidity Survey show that nearly 50% of participants aged 15-54 reported at least one mental health disorder during their lifetime.<sup>1</sup> Although the prevalence of mental health disorder is astonishingly high, approximately two-thirds of those with mental illness do not receive treatment.<sup>2</sup> Not only is the prevalence of mental health disorders in America high, but the burden from these disorders as well. Data from the World Health Organization suggests that mental illness is responsible for the second largest source of disease burden and disability worldwide.<sup>3</sup> The burden of mental illness has a massive impact on the U.S. economy. When considering lost earnings as a result of mental illness alone, it is estimated that the U.S. loses \$193.2 billion in earnings annually.<sup>4</sup> Since roughly half of the U.S. population is experiencing mental illness and the U.S. is losing billions of dollars in earnings, it should certainly be a topic of concern for public health professionals.

Compounding the high prevalence of mental health issues in the United States and in Iowa is the issue of mental health stigma. Mental health stigma is defined as negative attitudes towards the markers of mental illness, such as seeking care or the expression of mental illness associated symptoms.<sup>5</sup> Mental health stigma is strongly embedded in the minds and lives of the U.S. population. In a recent study, nearly 70% of respondents reported difficulty communicating with and/or fear of those with mental health disorders.<sup>6</sup> Data also suggest that mental health stigma is more prevalent in rural populations than in urban populations.<sup>2,7</sup> Mental health stigma makes accessing care and seeking care extremely difficult for those suffering from mental illness. Only two-thirds of individuals with diagnosed mental illness receive treatment--this statistic is

largely attributed to mental health stigma.<sup>2</sup> Not only are those experiencing mental illness less likely to receive treatment, but those experiencing symptoms of mental health disorders are significantly more-likely to underreport such complaints, in order to avoid stigma.<sup>8</sup> These statistics clearly suggests the hegemony of mental health stigma in the U.S. and for those suffering from mental illness.

The shocking trends in national data play out in the state of Iowa, as well. Iowa consistently falls within the top 10 poorest states for mental health in the nation.<sup>9</sup> In fact, Iowa is reported as the third worst state for adults with mental illness, both in terms of prevalence and access to care. One reason this may be is that Iowa continues to be a predominantly rural state. The population of Iowa is over 40% non-metropolitan.<sup>10</sup> This is relevant, as approximately 65% of non-metropolitan counties do not offer psychiatric services and 47% do not have a single psychologist.<sup>11</sup> In addition to lack of access, rural populations suffering from mental illness are less likely to seek mental health services due to the lack of anonymity common in small communities.<sup>7</sup> This unwillingness of rural populations to be seen seeking mental health services is a clear result of mental health stigma. These factors make Iowan adults a likely location for public health intervention.

The Fairfield, Iowa community falls fairly neatly into the larger national and Iowan data regarding mental health. According to data from the 2018 Iowa ACES survey, roughly 31% of Jefferson County citizens have had 2 or more Adverse Childhood Experiences (ACES).<sup>12</sup> ACES events include physical, emotional, and sexual abuse, parental divorce, an incarcerated parent, as well as an adult in the child's life with mental illness. The death by suicide rate in Jefferson County is 16%, which is persistently higher than both state and national percentages.<sup>13</sup> However, Fairfield does have fairly good access to mental healthcare providers with the ratio being 920:1, meaning that Jefferson County has better access to mental healthcare than much of the surrounding area.<sup>14</sup> This is a strength our campaign built on.

## **Partnerships**

We worked with Anna Bruen, the Executive Director of Pathfinders RC&D. Anna provided feedback on the formative evaluation and its results, the campaign messaging and design, as well as communication channels. Anna also provided introductions and contact information for additional community partnerships. Through Anna, we were connected to the Young Professionals of Fairfield and their Board President. The Young Professionals of Fairfield are a networking organization comprised of adults age 19-40 who focus on cultivating community awareness and providing professional, social, and volunteer networking opportunities. We worked with them during formative evaluation to understand the perceptions of mental health in the community, as well as during message design and testing.

## **Literature Review**

When someone suffers from a physical illness like heart issues diabetes or even cancer they will readily seek care more than if they were to suffer from an invisible illness such as depression and anxiety — or anything else related to mental health. Although one would assume that someone who is ill would want to get better, the barrier stopping most from seeking mental health services is stigma. According to Link and Phelan, stigma can be defined as the process involving labeling, separation, stereotype awareness, stereotype endorsement, prejudiced, and discrimination in social or economic contexts.<sup>15</sup>

Although mental health is an invisible illness, there are cues that can alert the general public such as social skill deficits, physical appearance, and behavior.<sup>16</sup> Unlike designing campaigns for heart disease or breast cancer prevention, mental health awareness campaigns cannot take a generic approach.<sup>17</sup>

In order for health promotion campaign to be effective designers must practice audience segmentation; which Slater describes as the necessary prerequisite to creating messages that are responsive to the specific needs and concerns of a certain demographic. In simpler terms: audience segmentation is breaking up one large homogeneous group into smaller subgroups. By doing this, campaign designers are able to focus on one specific behavior or issue to change in one specific group.

In Maibach et al. they discussed segmenting audiences based on the Social Cognitive Theory (SCT). Theorists such as Bandura suggest that health behaviors result in the interplay between behavior specific cognitions and pressures from the social environment. This line of thinking also posits that cognitive theories of health behavior support the notion of single behavior segmentation.<sup>17</sup>

Before our campaign can implement similar strategies, we must ensure a solid working definition of Social Cognitive Theory. Then Bandura advanced social cognitive theory by extending his previous social learning theory. He took that original theory a step further and stated that instead of people just being shaped by environments individuals are self-developing, self-regulating, self-reflecting, and proactive.<sup>18</sup>

In line with social cognitive theory when people observe those around them partaking in a specific behavior they too soon will. Speaking up about mental health disorders, as previously mentioned, is met with incredible amounts of stigmatized messages; however, the outcome expectations — which Bandura states are how one learns a new behavior — are positive which we hypothesize will outweigh any stigmatization.

The positive outcome of observing others speaks about their own mental health disorders and learning from them is the potential to receive proper help. We are using the term “help” here to mean receiving medical care, attending therapy, or support group. The concern regarding a change in behavior — talking about mental health and a de-stigmatized way — is that of self-efficacy. This component according to Bandura 1989, is extremely important because an individual has belief in their own abilities. In dealing with mental health, the idea of self-efficacy is even more relevant because Bandura states that if an individual believes they can cope with specific stressors on their own, then they will be less perturbed by them. Most human stress is activated while learning how to exercise control over environmental demands and developing and expanding competencies.

### **Social Cognitive Theory in Health Campaigns**

Social cognitive theory is a social approach to health promotion. Socially oriented approaches seek to raise public awareness and educate.<sup>19</sup> There are key components to this theory when it comes to behavior

change. Those are: self-efficacy—as previously mentioned—, behavioral capability, expectations, expectancies, self-control, observational learning, and reinforcements. One of the components that really stands out in importance is behavior capability, which goes hand-in-hand with self-efficacy. Behavior capability is the understanding and capability to perform a certain task.

An example of this component of Social Cognitive Theory is the *Healthy Relationships* campaign that took place in Tennessee. The purpose of this campaign was to teach skills to help live an independent and healthy lifestyle for those living with HIV/AIDS.<sup>20</sup> This campaign focused on the teaching skills so that its participants would have the confidence and the knowledge to be self-sufficient. In line with the theory, this campaign confirms the postulation that our self-efficacy increases the more we see others modeling successful behaviors.

Because SCT explains human behavior in a triadic way—where personal, environmental, behavioral factors act in tandem—it is important for a campaign to address all three factors. The campaign HoMBReS is another notable example of how SCT can reach all three elements. This campaign took into consideration the language and culture of its target audience. The intervention understood that in order to reach their audience of Latino men, that they must participate in something that is important to them—the researchers used soccer games to reach them.<sup>21</sup> The players were able to observe proper healthy behaviors regarding sexual health because the “lay person” was a member of their team. Each lay person received up to sixteen hours of training on how to discuss and facilitate conversations surrounding HIV and other STDs. By doing this, all three of the components were engaged in the campaign: personal, environmental, and behavioral. Personal because the layperson teaching about healthy sexual interactions was an individual that they already trusted—this also increased the self-efficacy and behavior capability of the segmented audience. Having the intervention around soccer games included the environmental piece as well. Soccer, in the Latino/a community, is seen as a family event and a staple in the communities. The intervention allowed non-teammates to also receive information about how to prevent STDs.<sup>21</sup>

## **Relational Regulation Theory in Health Campaigns**

In combination with Social Cognitive Theory, Relational Regulation Theory (RRT) will also be employed within the formative evaluation survey to better understand social support. Perceived support is consistently linked to good mental health, which is typically explained as resulting from objectively supportive actions that buffer stress.<sup>22</sup> It is thought that normal interactions and communication in day-to-day settings are effective at managing debilitating mental health conditions at a higher frequency than through conversations around coping with these conditions themselves. In other words, individual overall affect can be influenced by their involvement in numerous and diverse relationships. For these reasons, questions about social support, specifically from family and coworkers, in terms of normal social interaction and isolation will be included.

## **Audiences**

Our audience will be adults 19-40 years of age living or working in Fairfield. Previous research has shown that young adults were less informed about psychiatric medication and believed there was stigma associated with accessing mental health care treatment compared to adults over 50.<sup>23</sup> This aligns with data that shows that one in five adults between the ages of 18-49 experience mental health illnesses, but only 35% of those individuals who are 18-25 years of age and 43% of those 26-49 years of age receive mental health treatment.<sup>24</sup> Goodwin et al., also noted that mass media has played a role in the negative view of mental health services utilization; however, open communication with friends and family members was found to have a positive impact.<sup>23</sup> Pedersen and Paves found that individuals believed there to be greater external stigma for mental health, but carried less internal stigma toward those who disclosed mental health issues. Stakeholders from Fairfield also identified this population as one of high need.

## **Formative Evaluation and Theory**

### **Formative Evaluation**

In development and utilization of a formative evaluation tool, a number of considerations are important when creating mental health campaigns. The Young Professionals of Jefferson County is our target group to obtain baseline information on a population of 19-40-year-old males and females that identify as “young professionals” within Jefferson County and in the Fairfield community. This group was identified using social media (specifically, *Facebook*), where 108 members of an online community engage in discussion, event planning, and general socialization. A number of group administrators were identified and contacted to obtain informal formative information relating to this group. The administrators were hesitant upon initial contact, as they are protective of the group’s time and energy, as the administrators noted this was already a busy group with difficulty planning events consistently given the schedules of individuals involved. For this reason, it was noted that the formative evaluation tool would likely need to be brief, with a clear message and purpose stated. In order to improve community buy-in, health campaign partners within The University of Iowa, as well as in the Fairfield community, were utilized to assist in communication with the group. It was determined that an electronic survey would be the most effective means of obtaining information from this group, as a survey link could be posted to a variety of social medias, specifically the Facebook page that this group most frequently utilizes (e.g. The Young Professional Group of Jefferson County). *Qualtrics* was chosen as the survey-production tool, due to the research team having free access to and experience with the platform. With this baseline information, a number of demographics were utilized in creating the first components of the electronic formative evaluation survey tool. These interviews, and additional interviews conducted during item development and refinement, would prove to be invaluable during the campaign development.

In addition to distributing the survey to the Young Professional group, community partners also distributed the survey via social media. Flyers with survey links and information were also distributed to a number of areas in town, including, but not limited to: public library, local businesses, and offices of political affiliation. The purpose of flyer distribution was to increase the number of survey responses and obtain a

better understanding of generalized community responses. In addition to additional survey flyers, a number of phone conversations and semi-structured interviews were conducted with interested respondents. The research team spoke with two individuals who identified as a young professional, and another individual who was an active mental health care provider in the community.

Interviews were also conducted with a community partner located at the Fairfield Public Library. The intent of this interview was to determine mental health information sessions that had previously occurred and the interest that the library would have in facilitating future discussions and presentations pertaining to mental health, specifically events catered to young professionals and community engagement in mental health conditions.

## **Demographics**

Demographic questions related to age and gender are among the first items to appear on the questionnaire. These items were included due to community leader recommendations, as well as informed by the literature. In a study by Farrer et. al., there were significant differences amongst age group in identifying mental illnesses, specifically depression and schizophrenia.<sup>27</sup> Overall, younger individuals were able to effectively identify which conditions individuals were suffering from, as well as identify more accurate causes of these conditions. Successfully identifying these conditions correlated with higher levels of mental health literacy.

Gender has also been identified as an important variable to evaluate within formative evaluation of mental health campaign development. In a study by Rochlen et. al., it was determined that males and females responded differently based on the composition of mental health interventions.<sup>28</sup> Males were more likely to respond to material that provided concrete descriptions of mental health services, such as explicit activities or services, rather than more abstract depictions of therapy and mental health services. A number of channels were also evaluated, those being television channels and websites. Males frequently visited news sites and television channels with sports programming, making these desirable avenues of recruiting the male

population. Additionally, framing marketing material in ways previously performed by campaigns by the National Football League may be helpful in recruiting certain subgroups of the male population that identify with the masculinity associated with these messages and professional sports.<sup>29,30</sup> In order to effectively explore differences in gender, a substantial response rate will be required, which may be challenging to get due to the lack of engagement from the Young Professional group.

Questions relating to personal/social/and work environment were developed, again based on community partner advice as well as research validation. We were particularly interested in a number of factors related to work environment and location, asking questions about specific careers, professions, or jobs individuals were currently involved in to evaluate responses in this context. We felt that it would be important to identify the duration of residence in Jefferson County, as well as the Fairfield community. This would be important to control for in our additional response items as perceptions of mental health stigma and social isolation may change over time. Location of work was also felt to be important as it relates to social exposure and resources available for mental health treatment. It is known that individuals in rural communities often have more challenges identifying and utilizing mental health services.<sup>31</sup> Often in these communities, however, there are fewer resources (e.g. counseling or therapy services) available, leading individuals to utilize hospitals or emergency services rather than seeking preventative care.<sup>32</sup> Individuals in rural communities, or more isolated work, settings may also have different perceptions and responses associated with mental health. Social isolation and support groups/networks have been shown to improve stigma and improve overall well-being.<sup>22</sup> We determined these concepts to be important to campaign development as lacking social support networks may be a potential target for campaign development, provided individuals identify improved social networks as a perceived need. Questions used previously in studies employing Relational Regulation Theory will be used to evaluate the effects of perceived social support on mental health.<sup>22</sup>

Lastly, more general questions about the Fairfield/Jefferson county community were asked to gain a better understanding of where, when, and how to deploy material related to the mental health campaign. We visited this community, noting there was a surprising amount of activity at local businesses during weekday afternoons, specifically within grocery stores, coffee shops, and restaurants. Multiple political party county offices and meeting places existed, which was an observation that was unexpected. For these reasons, a number of formative evaluation questions were developed to assess how individuals in this population obtained their information, which places they most frequently visit, and what types of campaign materials they would be most receptive to.

### **Validated Tools**

Given our study objective of decreasing the stigma associated with mental health and the demographic questions already developed, a number of validated tools were required to develop a more complete formative evaluation of stigma, mental health literacy, and social networks and support. As mentioned, questions will be utilized from studies in the development and validation of Relational Regulation Theory<sup>22</sup> to evaluate current levels of social interaction and isolation. To formally evaluate mental health literacy, cause, and treatment options/effectiveness, an adapted case vignette developed by Farrer et. al.<sup>27</sup> will be used to determine individual effectiveness at identifying depression symptoms, their reactions to these symptoms, and responses to these symptoms if they were personally experiencing them, or if someone they knew were experiencing such symptoms. The final component of the validated vignette speaks to stigma, the key concept the remainder of our formative evaluation tool will look to explore. Arguably one of the most explored components of mental health campaigns, there are a number of formative evaluation questionnaires that have been developed to identify stigma related issues in health campaign population.<sup>33-37</sup> Based on the literature review, we deemed two of these items to be particularly useful to our formative evaluation tool: *The Reported and Intended Behavior Scale (RIBS)*<sup>37</sup> and *The Mental Health Knowledge Schedule (MAKS)*.<sup>37</sup> RIBS has been used in mental health research to identify stigma perceptions

associated with intended behaviors and how these compare to actual behaviors.<sup>37</sup> Evaluating intended versus actual behavior will help to inform if individuals intend to engage in mental health treatment, as well as their reported behaviors related to mental health. The MAKS items are essential for assessing individual knowledge and perceptions associated with mental health treatment, as well as their perceptions of others currently suffering from these conditions.<sup>37</sup> This will allow us to develop materials to address knowledge areas related to stigma, should this be an identified need post-formative evaluation. Lastly, items developed and validated by Pedersen and Paves<sup>38</sup> will be incorporated to assess differences between personal and public stigma. These items evaluate barriers associated with mental health treatment seeking behavior. There are clear differences in how individuals perceive others health service behavior and how they believe others will perceive them.<sup>38</sup> By identifying the significance of these differences in our population, we can create messages that decrease both internal and external stigma related to mental health.

### **Theory: Social Cognitive Theory**

As previously mentioned, Social Cognitive Theory (SCT), will be utilized to frame formative evaluation components. In order to understand SCT in mental health stigma, we will more thoroughly explore its application in this section. Within behavioral factors and influences, items and constructs associated with attitudes and expectations around a certain behavior, as well as the individual's perceived ability to change the behavioral in question. In the context of decreasing mental health stigma, the perceptions of treatment efficacy, attitudes around mental health treatment, and perceived ability or willingness to perform the behavior are key behavioral determinants in the utilization of campaign and intervention materials targeted toward mental health service utilization and decreased stigma. Personal factors, also referred to as Cognitive Factors, are associated with individual characteristics associated with demographic and personality characteristics, knowledge, and skills associated with knowledge acquisition. Within our mental health campaign, constructs nested within this overarching category are mental health literacy and general knowledge about mental health and mental health interventions. Mental Health Literacy,

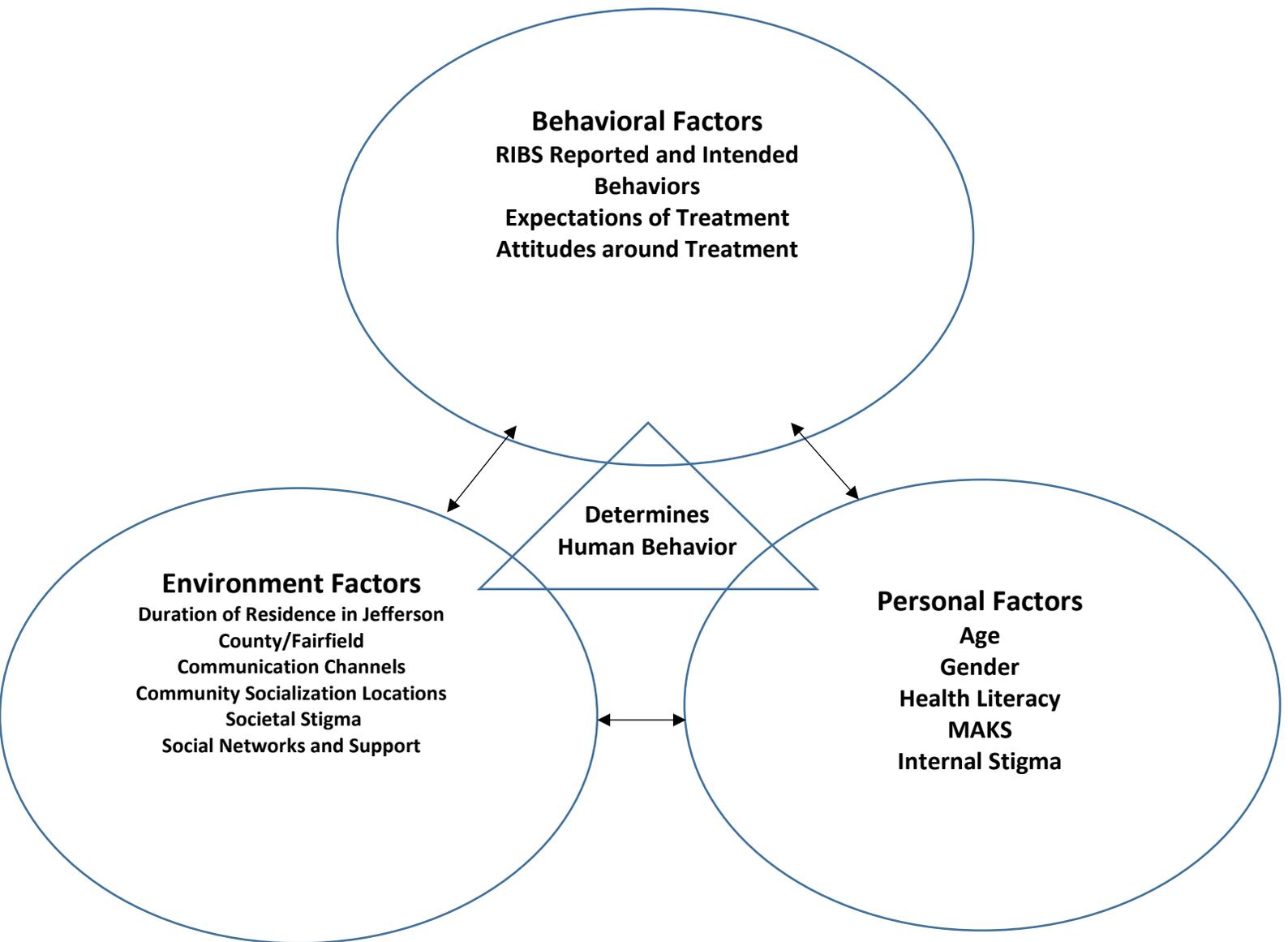
in this context, is the ability of the individual to correctly identify mental health conditions, identify the causes of mental health conditions, and identify effective treatment modalities. As mentioned in the formative evaluation section, the MAKS item-assessment is rooted in Personal/Cognitive factors as it addressed general knowledge about mental health. Internal perceptions of stigma are included in Personal Factors, as internal stigma has the potential to explain components of self-efficacy. Environmental factors and influences predominately describe the individual's social setting, influences, and norms. The environmental factors deemed useful in our formative evaluation look to address societal and community norms associated with mental health treatment and stigma, as well as the types of community communication channels these individuals are most commonly exposed to. All of these factors interact, leading to the ultimate behavior decision. SCT appears to be effective at addressing all nuances and influencing factors associated with mental health treatment and stigma and is, therefore, a good fit for a formative evaluation and analysis based upon theory.

### **Theory and Logic Model Application**

In order to utilize SCT for the purpose of survey and subsequent campaign material development, it is important to understand particular components of the survey design and how they relate to SCT. The behaviors factors that we intend to evaluate are: RIBS reported and intended behaviors to evaluate knowledge and social acceptability of mental health services, as well as individual desire and ability to seek them. Additionally, questions specific to outcomes and expectations associated with mental health treatment will be included to better understand if knowledge and behavioral factors should be a significant portion of our health campaign. Environmental factors that will be included in the survey are: duration of residence in Jefferson County, appropriate communication channels, community socialization locations, societal stigma, and social support. Social support systems questions will be included for the aforementioned reasons explained within the Relational Regulation Theory. Additionally, as stigma has been determined to be a barrier to care-seeking behavioral, we felt it was particularly important to evaluate both internal and external

stigma. Lastly, a number of personal factors will be evaluated. Age, gender, health literacy/knowledge through the validated MAKS items, and internal stigma. These factors are thought to be important as individuals may make treatment seeking decisions. The complete survey can be found in the appendix of this report. The logic model with appropriately mapped questions components follows.

Figure 1. Logic Model of Social Cognitive Theory for Formative Evaluation



## **Formative Evaluation Results**

### **Survey**

The survey was made available and left open for a duration of two weeks. We received 18 completed responses, with 4 partial responses, for a response rate of approximately 22% when using the young professional group as the overall n (n = 100). This is an approximation as of those 100 users, many may not be active on social media. First, 100% of respondents said that they currently know, or have known an individual that suffers from a mental health condition, which is consistent with the mental health prevalence in Fairfield and Jefferson County. Additionally, 56.25% of respondents said they had, or are currently suffering, from a mental health condition. Individuals were most likely to refer someone to a community mental health service but were more likely to do so when it was a counselor or service recommended by other friends or individuals had directly worked with. Generally speaking, knowledge of mental health and mental health treatment efficacy was not a considerable barrier to individuals seeking care, as determined by the responses from the MAKES items. This is also consistent with the literature that younger populations do not have similar issues with knowledge and health literacy involved in mental health conditions. Additionally, intended and current behaviors, as evaluated using the RIBS items, suggested that most individuals were already in contact with someone with a mental health condition, or would be willing to do so in the future. Perhaps more interestingly, and feeding into components of stigma, responses around socialization, ability, and willingness to talk about mental health conditions varied on an internal and external level. Externally, meaning that friends and family could approach the individual about mental health conditions, most individuals reported agreeing on any level, that friends, family, and coworkers could approach them with mental health conditions or emotional problems. Conversely, considerably more individuals reported some level of disagreement when asked the same questions about their ability to talk to friends, family, and coworkers about their mental health conditions or problems. Based on these results, it

would appear as if nearly all individuals are willing and able to talk to individuals in their social network about their mental health conditions and obtain emotional support but feel that others would not be willing or understanding enough to hear theirs. It would appear that there is cognitive dissonance in that everyone feels they can and should help others, but others will not be willing to help them. This is further confirmed by the items included from the Pedersen & Paves personal and public stigma scale. Resoundingly, individuals either definitely disagreed or disagreed to questions around perceptions of others for seeking mental health treatment. Individuals suggested that they would not treat a person differently blame them for their problem, see them as weak, think less of them, think that person should worry about their reputation, or feel embarrassed. Conversely, when asked similar questions about how much each of the previously mentioned questions would impact their decision to seek mental health treatment, over 50% of individuals suggested that they would experience some form of embarrassment, reputation defamation, different treatment from peers, blame, weakness, or an overall feeling they would be thought less of. These responses were particularly interesting, as again, individuals were considerably harder on themselves and the way that others perceive them compared to how they view others will comparable conditions.

When asked an open-ended question on the largest barriers to individuals seeking mental health services, there were a variety of responses that will be used to develop campaign material. Social stigma was consistently mentioned in the free responses, as well as financial barriers and lack of awareness of available services. The age range of our respondents was from 27 to 46, however, only 5 individuals submitted a response to these questions. Similarly, a small portion of respondents answered questions around their duration of residence in Jefferson County, with duration of residence ranging from 14 to 28. Most of our respondents had family in Jefferson County, and a large number of them identified as female. Social media was resoundingly favored as the mode of communication to effectively market materials to this group, with bulletin boards and flyers in local business most commonly ranked as the next best channel for materials to be distributed. Coffee shops and Bars/Restaurants were the most frequented locations in the community and

would, therefore, be locations to disperse materials. In addition to obtaining information online, respondents suggested that other people, or word of mouth, was the other most likely place where information would be acquired, a response which may have implications for campaign development.

## **Interviews**

Upon completion of the formative evaluation, 4 individuals provided additional contact information for further involvement in campaign development. While all 4 individuals were contacted, 2 agreed to participate in semi-structured interviews. Additionally, the public library was contacted, with an interview help with the library director to determine the involvement of the library in campaign development, as well as to obtain a better understanding of the types of events and resources that the library has been able to provide within the community.

## **Jefferson County Library**

Speaking to the library director, a number of mental health discussions and meetings have been hosted by a variety of speakers, from within the University of Iowa as well as from outside organizations. The library has an event space that is available for a small fee, as well as the ability to provide display areas for no charge. Additionally, the library in Fairfield has been identified as a meeting place and community center with one of the highest utilization rates of public libraries in the state, per the library director. Events around bipolar disorder hosted by a private company, as well as University of Iowa sponsored events have been well attended in the community, with upwards of 50 participants at select events. The library and library staff were interested in continued involvement in campaign development, specifically hosting events that decreased stigma and increased interpersonal communication and social support systems in the community around mental health conditions.

## **Mental Health Provider**

A mental health provider outside of our community partners reached out to us to obtain more information about the project and agreed to participate in formative evaluation as well as item development and refinement. The mental health provider as worked in Jefferson County for over 10 years, and suggested that the largest barrier for utilization of mental health services were knowledge of the availability of services, more specifically what services were available at what cost. The community partner specifically mentioned Medicaid patients being unaware that free transportation to clinic visits and counseling sessions existed, as well as a general lack of knowledge about what services existed for these coverages. For an individual with Blue Cross Blue Shield as their primary insurance, average copayments for counseling sessions and peer support personnel was \$20-\$30. Additional cost information and a better understanding of insurance coverage in Fairfield and Jefferson County is being collected by the community partner to better inform campaign materials, as knowledge of cost and services are essential barriers to be addressed in the campaign.

## **Member of the Young Professional Group**

An individual identifying as a member of the young professional community reached out to be included in additional formative evaluation after having taken the survey, as well as offer guidance on campaign material development. As an identifying member of the young professional group, this testimony is perhaps most useful and applicable to developing campaign materials as the comments given were also mentioned frequently in survey responses by multiple respondents. This individual found out about the survey via social media posting from a community partner who distributed the message, and not through the young professional social media sites themselves, perhaps providing additional information not previously covered. The community member detailed their own personal experience with mental health, as well as the experiences of those that they knew. Drug utilization has potentially exacerbated the mental health conditions, and poor mental health in the community has resulted in instances of violence, both towards oneself as well as to others. Having recently been able to afford therapy, there were concerns on stigma from

the religious community, as well as overall concerns on cost. Two conversation points were resonated particularly clearly, the idea of an unbiased navigator to mental health services and the concept of self and self-valuation.

The community partner suggested that navigating healthcare in general, but also mental health services, is particularly challenging. In order to improve the process, it was suggested that an unbiased volunteer or non-profit organization would be invaluable in helping individuals navigate the mental health service arena. Additionally, this individual would need to steer those interested in mental health services to treatment options within specific budget constraints. The individual was unaware that there was a mental health service coordinator for the county and thought that informing individuals of this service would be helpful until a number of coordinators for Fairfield could be developed.

Additionally, the idea of self and self-valuation was another point that the interviewee addressed. Individuals who suffer from mental health conditions often self-depreciate and catastrophize, to the point where they believe they do not deserve self-care or mental health treatment. This speaks specifically to internal stigma and negative self-talk. Individuals who suffer from these conditions were more likely to help others, but less likely to talk about their own conditions and seek emotional support from their social network and community support systems. The interviewee suggested that there was tremendous opportunity related to community-led events that addressed stigma, both internal and external, while providing individuals information and resources for self-care in a way that was neither “preachy” nor “condescending”.

Lastly, it was particularly important to put emphasis on the importance of self, and not on the importance of the disease. While depression and mental health conditions have been glamorized in the media, the interviewee felt it was especially important to glamorize self-care and self-worth rather than the disease itself. This was suggested to be accomplished by holding community events and training they provided individuals an opportunity to be trained as an advocate for self-care as well as provide a basic

amount of info and values so that individuals could talk about mental health in their everyday lives, addressing both internal and external stigma as well as improving social support systems.

### Planned Activities and Logic Model

Upon conclusion of the formative evaluation, it was clear that materials developed to increase knowledge, decrease stigma, and steer individuals to appropriate resources would be necessary. Additionally, there was need for community-based events to facilitate discussion around mental health, but also to train individuals on how to be an advocate for those that are suffering from mental health conditions. The ultimate goal of these materials and community-based events is to decrease stigma, increase knowledge of and utilization of available services, and increase community self-efficacy around mental health discussions and helping peers seek care. The planned activities, in respect to formative evaluation, are laid out in the activities logic model following.

### Activities Logic Model

Inputs	Activities	Outputs	Transfer	Intermediate Outcomes	Long-term Outcomes
<ul style="list-style-type: none"> <li>-Budget</li> <li>-Students</li> <li>-Young Professionals partnership</li> <li>-Qualtrics Survey software</li> <li>-Office of Sustainability &amp; Engagement</li> </ul>	<ul style="list-style-type: none"> <li>-Form partnership with the Fairfield Young Professionals group</li> <li>-Create Qualtrics Formative Evaluation survey</li> <li>-Send formative</li> </ul>	<ul style="list-style-type: none"> <li>-YP group willing to participate in campaign</li> <li>-A validated formative evaluation tool to asses YP willingness and mental health stigma</li> <li>-Formative evaluation data from YP that elucidates mental health</li> </ul>	<ul style="list-style-type: none"> <li>-Adjust campaign material as formative evaluation data is available</li> <li>-Send survey tool for YP to evaluate campaign material</li> <li>-work with YP to</li> </ul>	<ul style="list-style-type: none"> <li>-Understand mental health stigma in the Fairfield community</li> <li>-Fairfield citizens ages 19-40 have increased awareness of mental health stigma</li> </ul>	<ul style="list-style-type: none"> <li>-Fairfield community has an increased infrastructure to address mental health stigma in their community</li> <li>-The Fairfield community climate towards those with mental health disorders is more</li> </ul>

	evaluation to YPs	stigma in Fairfield	respect their time		accepting and less stigmatizing
	-create campaign material				
-social media platforms	-spread posters throughout the community	-Campaign materials informed by formative evaluation	-evaluate program throughout and adjust content as necessary	-Fairfield citizens ages 19-40 have decreased feelings of mental health stigma	-Reduce barriers to care caused by stigma in the Fairfield community.
-poster paper	-share materials on social media				
-meeting space	-lead a community mental health stigma event	-campaign materials dispersed through Fairfield community	-adjust meeting structure and content based on feedback	-Fairfield citizens participate in community efforts to reduce mental health stigma	
		-have community mental health events			

## Material Development

The initial item development for this campaign was informed by the project’s key informant interviews and the formative evaluation Qualtrics surveys released to the Fairfield Young Professional’s Facebook group. The most influential finding from the formative evaluation Qualtrics surveys was the perception among young professionals that internal stigma was much more prevalent than external stigma. These results were elucidated using the Pedersen & Paves personal and public stigma validated scale<sup>22</sup>. In other words, Fairfield young professionals believe that individuals with mental illness are much more likely to fear being stigmatized than others are likely to stigmatize those with mental illness. This was one of the most important results of our surveys, open-ended responses, phone interviews, and validated survey tools triangulated internal stigma as a huge barrier.

Another theme identified from our key informant interviews was the likelihood of young professionals to deprioritize seeking mental health care. Our informants perceived that this unwillingness to seek mental health care was likely the result of young professionals prioritizing their schedule above mental health and feelings of unworthiness. The informants reported that many of Fairfield’s young professionals believe that they are ‘not worth’ seeking mental health care. These findings inspired the project to develop and test campaign materials targeting the idea that young professional are worth seeking mental health care—or a ‘you’re worth it’ campaign.

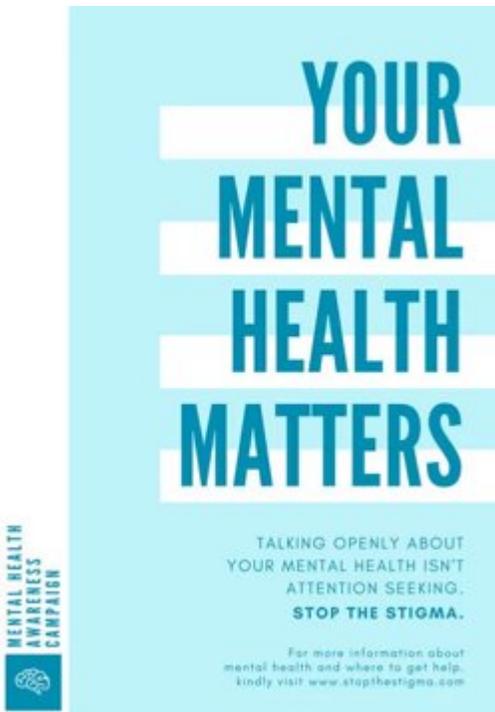
In order to test our campaign materials, the project released a Qualtrics survey to the Young Professionals Facebook group to pilot the newly developed materials. The Qualtrics survey included validated questions from the recent Sorenson et al. article about message development. The questions included in the pilot testing were as follows:

1. What is your initial impression of the message?
2. What idea is the message trying to convey and does this seem realistic?
3. Is information in the message confusing or unclear?
4. Does the material capture something important to you?
5. What do you like about the pictures and message?
6. What would you change?
7. What would you definitely NOT change?

(Sorenson et al., 2018)

This validated question set was distributed in connection with all of the developed material in order to assess what and how materials needed to be revised, and what materials Fairfield young professionals did and did not respond to.

The young professionals project team developed, and pilot tested several different campaign images. We pilot tested 5 campaign images: of these, 4 were novel images created by the project team and 1 was a national campaign image. We tested our images against the nationally implemented anti-mental health stigma campaign from [www.stopthestigma.org](http://www.stopthestigma.org) to compare our materials against a base-line. This image is pictured below.



The response to this campaign was generally well-received according to our Qualtrics survey using the Sorenson et al. validated question set. The young professionals appreciated the anti-stigma and ‘You’re worth it’ components of the campaign—this confirmed previous responses from the formative evaluation and key informant interviews. However, the young professionals did provide negative feedback about the overly academic and medical tone of the ad, which we took into consideration when revising our own material and in material development. In the following sections, we will provide the campaign material we developed and discuss any revisions we made as a result of our pilot testing.



**Image 1:** '60 Minutes': initial item left, revised item right

Overall, the young professionals received the '60 Minutes' item well. They unanimously appreciated the anti-stigma and internal stigma messages, such as "Your mental health matters. You matter."—the population responded well to these messages. However, several critiques were noted and changed for the revised image. The population disliked the pink color of the initial item and found the medical icons confusing. One survey participant thought the message was confusing and that it looked like a heart health campaign. This criticism is in line with the overly medical and overly academic critiques the baseline national campaign received.

In order to revise the image in response to the population survey feedback, we made several adjustments. The first change was to switch the color away from pink to blue, which studies show is a particularly attractive color for those suffering from mental illness. Additionally, the confusing, overly

medical icons were eliminated to alleviate confusion. An action step, including a website address, was included in the revised version of this item, as the young professionals responded particularly well to web information in the baseline image.

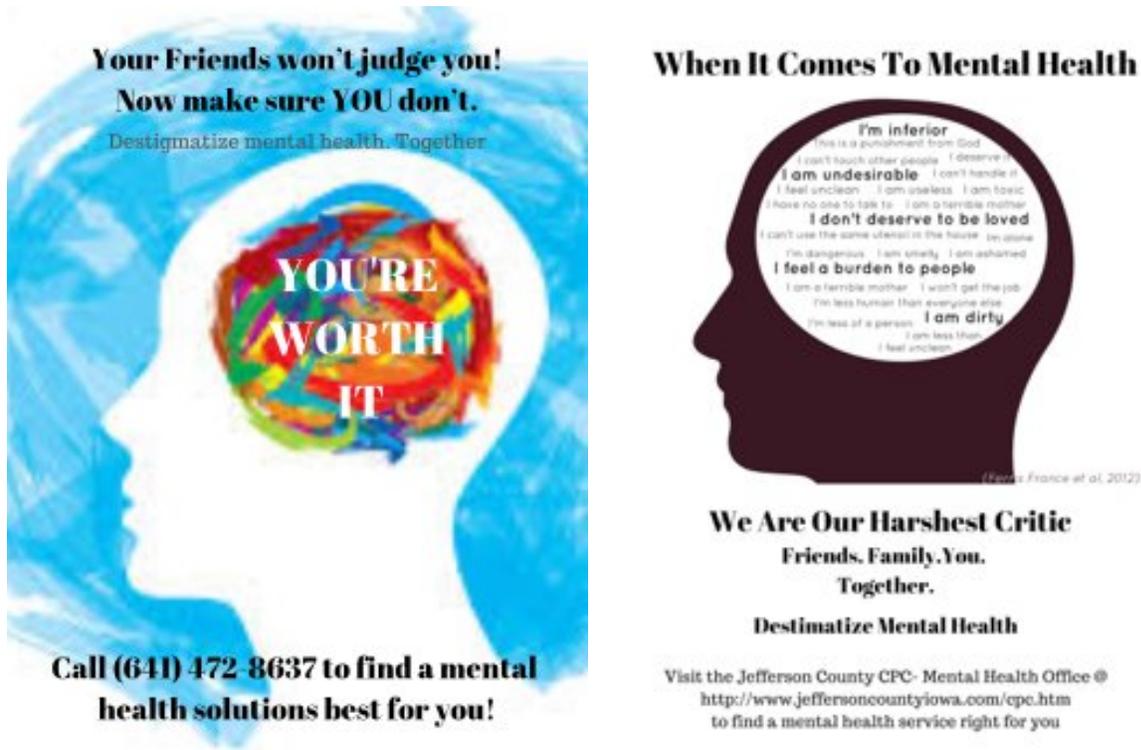


**Image 2:** Cost Barriers: initial item left, revised item left

The second set of images created in response to our formative evaluation and key informant interviews addressed perceived cost barriers. The key informant interviewees for this project stressed the perceived cost barriers to seeking mental healthcare services among Fairfield young professionals, therefore, this image engages the conceptual ‘You’re worth it’ campaign message and cost. The initial item compares the cost of several coffees to the average cost of a Blue Cross Blue Shield copay to receive therapy.

The young professionals appreciated that this campaign item addressed perceived cost barriers, however, they had several critiques of the initial item that were revised. According to the survey, young professionals found that the cost appeal in the campaign should be highlighted, therefore, in the revised

image we led with the \$20 statistic. Additionally, the survey respondents suggested the item refrain from using the term ‘therapy’ as this was especially associated with stigma among young professionals. We revised the item by changing from ‘therapy’ to simply ‘talking’ with a licensed mental healthcare provider. Finally, we added the online action step that was well-received by young professionals.



**Image 3:** ‘You’re Worth It’: initial item left, revised item right

The third item focused heavily on the ‘You’re Worth It’ idea presented to the project by a key informant interviewee. The material addressed internal stigma by picturing the internal dialogue as well as action messages such as “Your friends won’t judge you”. Overall, the general message was appreciated by young professionals, who found the anti-internal stigma to be profoundly important. However, they found the image to be busy and hard to read. Additionally, they found some of the language in the item to be aggressive and ‘bossy’.

These critiques were addressed in the revised version of the item. The background image was changed to a more streamlined, grayscale theme in order to reduce the sense of busyness and highlight the message. The language in the item was revised to be more empathetic and less aggressive. In addition, the revised image expands on the previously provided action step by providing the website address, which is more relevant for the young professional community.

Here is a list of all the things that are more important than your mental health:	<b>Things More Important Than Your Mental Health</b>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	
You're Worth it!	You're Busy.
	<b>You're Worth It.</b>
	Visit the Jefferson County CPC- Mental Health Office @ <a href="http://www.jeffersoncountyiowa.com/cpc.htm">http://www.jeffersoncountyiowa.com/cpc.htm</a> to find a mental health service right for you
Call (641) 472-8637 to find a mental health service best for you	

**Image 4:** List: initial item left, revised item right

The final image was the most well-received of all the campaign materials created by the project. The list item incorporated aggressive humor to stress the importance of mental health and to promote self-worth messages. Evidence suggests that aggressive humor is the least readily accepted of all humor types, which makes its high acceptance rate surprising. This is likely the fact that materials are targeted for young professionals, and evidence also suggests that younger populations are more likely to appreciate aggressive humor styles. Due to the fact that this item was incredibly well-received, the item received very few

critiques. One criticism of the initial item was that the item was too word heavy at the top of the image, this is revised in the second draft of the image. Again, more information about the action step, including the website address, was added to the revised image. Finally, one respondent suggested that many young professionals are busy and therefore would reject this message. Therefore, we revised the image to appeal to those who might reject the campaign on the basis of a busy schedule.

Currently, the revised images are undergoing a second set of pilot testing with the Fairfield young professional population using Sorenson et al. validated message design questions. After the revisions are tested, it is our recommendation that the created campaign material will be ready for dispersion. Based on information from our formative evaluation be dispersed in areas in which young professionals frequent often, such as coffee shops and social media sites.

## **Implementation Plan**

### **Item Distribution**

Flyer material that was created and piloted should be dispersed throughout the community, specifically around places of young professional gathering as mentioned above. These flyers will be the initial phase of the campaign, until community-oriented events can be developed in partnership with the University of Iowa and other interested groups. These materials will be distributed throughout the community, but also periodically online, as social media was the preferred place of information acquisition. Additionally, word-of-mouth was a preferred method of knowledge acquisition, so community partners and young professionals who participated in the item development should be encouraged to distribute the items and discuss them with their peers. Messages should be posted to social media channels and asked to be shared once every few weeks, with a new message being utilized each time.

## **Communicating with Provider Workshops**

Feedback provided by the formative evaluation stated that there is a need for assistance navigating healthcare systems. Communicating with a health care provider can be intimidating and confusing.

Therefore, a component of this campaign is *Communicating with Provider Workshops*.

Because this campaign wants to include multiple community resources, the Jefferson County Library will be the site for these workshops. The library has been host to other mental health events that have been well attended. Because of the previously well attended events, the library staff eager to participate in community events.

People's perceptions of the quality of the health care they receive is based upon the quality of their interactions with their health care provider. Although the Institute of Medicine has reported that most doctors and other healthcare providers look adequate training in providing high quality care patients, if patients themselves feel confident in communicating their concerns with their clinician there is a possibility quality can increase.

The Healthcare Quality Survey conducted by the Commonwealth found that there were certain concerns that patients had concerning with following clinicians' instructions. The *Communicating with Providers Workshops* will focus on helping people communicate their concerns

One issue that was a concern in the HealthCare Quality Survey was the cost of treatments the doctor suggested, and this was the case inside Jefferson County as well. The workshop component hopes to go over ways to create a dialogue with your provider about cost. The workshop will break down the difference between things like name brand prescriptions versus generic prescriptions. The workshops will also go over the language to use to insure their provider prescribes a medication in your price range. Being able to afford and maintain care is a major component of self-efficacy. The workshops will supply a validated "hand-out" with phrases and key points that may reduce the trepidation when they are in their doctor's appointments.

Another aspect of interpersonal communication when meeting with a health care provider is understanding instructions the doctor has given. Although a large majority of the responsibility of clarity is on the health care provider, a patient having confidence when they enter the office can allow them the freedom to ask questions. The workshops will go through common treatments for different mental health disorders and explain what they mean. The explanations will be given by community providers. By providing this information to the community in an informal setting will familiarize them with certain terms so the first time they hear them is not when they are in their clinician's office. The speakers at the workshop will also provide a list of questions they should or could ask their provider. Having a script can remove the barrier of nervousness and uncertainty of what to ask.

### **Current Available Services**

It has been pointed out that community members are unaware of currently available services. The library has offered advertisement space for free, so we will design flyers with a list of current services available within the community.

Not only will we place these advertisements in the public library, but we will also place them on the community bulletin board in the local Hy-Vee and coffee shops. We will also craft an email template so the Young Professionals group and others like it can utilize to inform their constituents. We will design a Facebook post and advertisement to reach those who use social media.

### **“You're Worth It” Coffee Chats**

Fairfield, Iowa within Jefferson County has multiple coffee shops. From the research team's visit to the city, Café Paradiso and Everybody's Café are staples in the community. These cafes are more than just a place for grabbing a cup of coffee to go; however, these businesses serve as a meeting place for friend groups and even business meetings. By these already being popular places in the community, our campaign plans to hold coffee chats in these locations.

These meet-ups hope to be an informal setting. The purpose of having these “meet-ups” in an informal style is to help break the stigma of discussing mental health issues. Creating an environment that is friendly and welcoming in a familiar place has the potential to decrease stigma in the community.

We will advertise these meet-ups in flyers in local places as well as placing flyers in bags of customers who have purchased items from the bakery. NAMI states that one of the best ways to break stigma is to openly talk about mental health. These chats are avenues for mental health to be talked about openly.

## **Project Timeline**

### **Project Timeline-Completed Activities**

<b>Activity</b>	<b>Date</b>
Literature Review - Preliminary Research	9/1/18-9/25/18
Project Report (Part 1) Due	10/16/2018
Formative Evaluation- Survey Distribution	10/23/18-11/8/18
Message Development, Design and Refinement	11/05/18-11/26/18
Message Testing	11/26/18-12/05/18
Presentation to Fairfield Partners	12/4/2018
Final Project Report Submitted to Fairfield Partners	12/11/2018

### **Project Timeline-Proposed Activities**

<b>Activity</b>	<b>Date</b>
Fairfield Partners Work with Dr. Campo and the Office of Outreach and Engagement on Implementation Plan	Jan-19
Dissemination of Chosen Campaign Materials	
Process Evaluation Begins	at time of implementation
Outcome Evaluation Activities (surveys and interviews)	following end of implementation

### Budget & Budget Justification

Personnel	Supplies/Services	Contractual	Transportation
<p>*\$10.10 per hour avg. wage, per campaign staff (1-2 staff), 40hrs each= \$808</p> <p>*\$2000 per day photographer (3 days)=\$6000</p>	<p>*\$13.22 per poster paper pack (x100)=\$1322</p> <p>(The Second Wind, 2013)</p>	<p>*graphic designer (1x fee)=\$10000</p> <p>*\$0.27 per click Facebook Advertising =\$500</p> <p>(The Second Wind, 2013)</p>	<p>*\$2.25 gas per gallon x (miles traveled)=\$225 monthly budget</p>
<p>The hourly wage is on average \$10.10 an hour. In order to keep the campaign running, there is a need for this campaign to pay 1-2 personnel. These staff would be necessary to update and handle campaign business such as material development, material dispersion, data collection, and data management. Additionally, these staff would run and facilitate community events.</p> <p>Professional photographers for the community events and campaign details is recommended. Assuming that the average professional photographer is \$2000 a day and the campaign has at least 3 community-led events—this would equal \$6000.</p>	<p>The campaign material will need printed on high quality poster materials. Enough materials to last the entire campaign length is a requirement. This could end up being quite a lot of posters printed, given the turnover rate for posters placed in local businesses and the promotion of community events.</p>	<p>This campaign would benefit highly from advertising on social media given that Young Professionals are highly tuned in to apps such as Facebook, Instagram, etc., Therefore, we recommend the Fairfield community set a budget for Facebook advertising, such as the price suggested above.</p> <p>The campaign relies heavily on well-researched, well-designed materials to function properly. Therefore, it is our recommendation that the Fairfield community partner with a local graphic designer to ensure high-quality, professional material that will make the campaign more successful.</p>	<p>Staff will require transportation to meetings with graphic designers, to disperse materials, and to facilitate community events.</p> <p>While we recommend the Fairfield community budget for transportation, we recognize that travel costs may be a minimal expense to implement this campaign.</p>
<p>Total = \$6808</p>	<p>Total=\$1322</p>	<p>Total=\$10500</p>	<p>Total=\$225</p>

Grand Total = \$18,885

## **Evaluation Plan**

We propose the following evaluation plan to be completed by the Fairfield partners. This implementation is designed to provide feedback both during the campaign implementation and after its completion. This evaluation is aimed at understanding the reach of the campaign as well as some outcome measures. The plan seeks to answer the following questions:

1. What was the overall reach of the “You’re Worth It” Campaign?
2. Are the “You’re Worth It” campaign materials recognizable to Fairfield young professionals?
3. What is the impact of the Communicating with Provider Workshops?
4. What is the impact of the “You’re Worth It” Coffee Chats?
5. What is the overall impact of the “You’re Worth It” campaign on stigma?

### **Process Evaluation**

Conducting a process evaluation will help the implementation team to understand the reach of the campaign as well as strengths and opportunities during the implementation process. The process evaluation will assist in answering the first evaluation question.

### **Tracking Materials:**

Tracking the production and dissemination of each type of campaign material can help the implementation team understand the reach. For example, tracking the number of hits or shares on social media, or the number of fliers disseminated through events or bag stuffers provides quantifiable data that can help determine the number of individuals exposed to campaign materials.

### **Tracking Participation:**

Tracking the number of attendees to provider workshops or meet-up events can also provide quantifiable data on the number of individuals who have increased participation due to campaign exposure.

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## **Outcome Evaluation**

An outcome evaluation is recommended to answer questions two-five and can address some aspects of short- term and mid-term outcomes attributable to the campaign.

### **Survey:**

Conducting a survey of Fairfield young professionals age 19-40 would provide information on the perceptions and knowledge of the community toward mental health illness. We recommend utilizing, and modifying as need be, the survey utilized during formative research (Appendix A). Due to the small sample size it would be difficult to ascertain statistically significant results compared to the pre-survey, however the data would shed light on the reach of the campaign if questions were incorporated asking if the individual had seen messages in the community relating to mental health and stigma and if they are able to cite the “You’re Worth It” campaign specifically. To obtain results that would have a large enough sample to be statistically significant, the survey would need to be administered again to a larger group of Fairfield adults age 19-40 before implementation of any other campaign materials.

### **Monitoring website traffic:**

Monitoring changes to the number of visits to [www.JeffersonCountyIowa.com/CPC.htm](http://www.JeffersonCountyIowa.com/CPC.htm) prior to campaign implementation as well as during and after may provide insight on the number of individuals who saw campaign materials and then sought additional resources.

### **Monitoring new patients:**

Area partners can also track the number of new patients prior to campaign implementation as well as during and after to monitor for any potential changes due to the campaign materials and activities.

**Survey of participants:**

Brief surveys of participants who attend the workshops and coffee chats examining changes in knowledge, attitude and behavioral intention would help implementers to understand the impact of these events and the broader campaign messages on the target audience.

**Formal Interviews:**

Formal interviews should be conducted with key stakeholders and individuals involved in the implementation of the campaign. Questions should address any perceived changes in community attitudes, beliefs or actions that may be related to campaign activity. Additional questions should focus on the facilitators and barriers to campaign success and suggestion for the sustainability of activities.

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## Appendix A

### Formative Evaluation of Mental Health: Jefferson County

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#### Start of Block: Default Question Block

Q1 Thank you for giving us a few minutes of your time today. We invite you to participate in a survey being conducted by students in the University of Iowa College of Public Health in collaboration with The Iowa Initiative for Sustainable Communities and the Jefferson County Public Health Department. The purpose of this survey is to collect information on mental health awareness and perceptions in the Fairfield/Jefferson County Community. This information will be used to create material to increase mental health awareness. Your input is very valuable and greatly appreciated!

This survey should take about 15 minutes to complete. All answers are completely anonymous and voluntary. You can choose to skip any question.

This survey is part of a partnership between The University of Iowa College of Public Health and the University of Iowa's Office of Outreach and Engagement. For more information, please visit <https://outreach.uiowa.edu/>.

If you have any questions, please contact Travis Kraus, Director of Economic Development & Sustainability in the Office of Outreach and Engagement at 319.335.2798 or [travis-kraus@uiowa.edu](mailto:travis-kraus@uiowa.edu).

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Q2

The following questions are specific to your perceptions and beliefs about mental health.

Do you know, or have you known, someone who has experienced symptoms of a mental health related condition? (anxiety, depression, etc.)

Yes (1)

No (2)

I prefer not to answer (3)

---

Q3 Have you ever, or are you currently suffering from a mental health condition?

Yes (1)

No (2)

I prefer not to answer (3)

---

Q4 Where would you refer someone experiencing symptoms of stress or depression?

- Community Mental Health Services (1)
- Self-care Materials (2)
- Phone Hotline (3)
- Meditation Center (4)
- Other (5)

*Skip To: Q5 If Where would you refer someone experiencing symptoms of stress or depression? = Other*

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Q5 Where would you refer someone experiencing symptoms of stress or depression?

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Q6 Please select the extent to which you agree with the following statements.

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
1. Most people with mental health conditions want to have paid employment (1)					
2. If a friend had a mental health condition, I know how to help them (2)					
3. Medication can be an effective treatment for people with mental health conditions (3)					
4. Psychotherapy (for example, talking therapy or counseling) can be an effective treatment for people with mental health conditions (4)					
5. People with severe mental health conditions can fully recover (5)					
6. Most people with mental health conditions go to a health care professional to get help (6)					

Q7 Please answer the following questions pertaining to your interaction with those who have had a mental illness.

	Yes (1)	No (2)	Don't Know (3)
Do you currently, or have you ever, lived with someone with a mental health condition? (1)			
Do you currently, or have you ever, worked with someone with a mental health condition? (2)			
Do you currently, or have you ever, had a neighbor with a mental health condition? (3)			
Do you currently, or have you ever, had a close friend with a mental health condition? (4)			

Q8 Please select the extent to which you agree with the following items.

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
In the future, I would be willing to live with someone with a mental health condition (1)					
In the future, I would be willing to work with someone with a mental health condition (2)					
In the future, I would be willing to live nearby to someone with a mental health condition (3)					
In the future, I would be willing to continue a relationship with a friend who developed a mental health condition (4)					

Q9 We are interested in how you feel about the following statements. Read each statement carefully. Please indicate how you feel about each statement.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)
I know what to do when my friends come to me with their problems (1)							
My friends know they can talk to me about their problems (2)							
I know what to do when my family comes to me with their problems (3)							
My family knows they can talk to me about their problems (4)							
I know what to do when my coworkers come to me with their problems (5)							
My coworkers know they can talk to me about their problems (6)							

Q10 We are interested in how you feel about the following statements. Read each statement carefully. Please indicate how you feel about each statement.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)
I can talk about my problems with my friends (1)							
I can talk about my problems with my family (2)							
I can talk about my problems with my coworkers (3)							
I get emotional support from my friends (4)							
I get emotional support from my family (5)							
I get emotional support from my coworkers (6)							

Q11 The following statements are possible reactions you may have to a peer seeking treatment for a mental health condition. Please select the level of agreement associated with how you would react.

	Definitely Agree (1)	Agree (2)	Neither Agree Nor Disagree (3)	Disagree (4)	Definitely Disagree (5)
I think they should feel embarrassed (1)					
I think they should worry about their reputation (2)					
I might treat them differently (3)					
I would blame them for the problem (4)					
I would see them as weak (5)					
I would think less of them (6)					

Q12 The following are a list of potential barriers to seeking care for mental health conditions. Please select the extent to which these barriers would prevent you from seeking care if you were to have a mental health condition.

	A lot (1)	A moderate amount (2)	A little (3)	Not at all (4)
It would be too embarrassing (1)				
It would harm my reputation (2)				
My peers might treat me differently (3)				
My peers would blame me for the problem (4)				
My peers would see me as weak (5)				
People important to me would think less of me (6)				

Q What do you believe is the biggest barrier to individuals seeking and obtaining mental health services?  
(e.g. lack of knowledge, financial barriers, etc.)

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Q13 How old are you?

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Q14 How many years have you lived in Jefferson County?

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Q15 Do you have immediate family in the Jefferson County/Fairfield area?

Yes (1)

No (2)

Q16 To which gender do you most identify?

Male (1)

Female (2)

Gender Variant/Non-conforming (3)

Not listed (4)

Q17 What is your marital/relationship status?

Married (1)

Not Married (2)

In a Relationship (3)

Single (4)

Prefer not to answer (5)

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Q18 What is your current job title? (e.g. School Teacher)

\_\_\_\_\_

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Q19 On a daily basis, about how many people do you interact with at work?

\_\_\_\_\_

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Q20 Please rank the following items based on how effective the methods are at getting information to individuals aged 21-40 in Jefferson County. 1 is Most Effective, with 5 being the Least Effective.

- \_\_\_\_\_ Social Media (1)
  - \_\_\_\_\_ Newspaper (2)
  - \_\_\_\_\_ Bulletin Board/Flyers in Businesses (3)
  - \_\_\_\_\_ Radio (4)
  - \_\_\_\_\_ Television (5)
- 

Q21 Which of the following social medias do you currently use or participate in? Select all that apply.

- Facebook (1)
  - Twitter (2)
  - Instagram (3)
  - LinkedIn (4)
-

Q22 What locations do individuals aged 21-40 in Jefferson County get information about community and social events? Select all that apply.

- Coffee Shops (1)
- Bar/Restaurants (2)
- Grocery Stores (3)
- Library (4)
- Other (5)

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*Display This Question:*

*If What locations do individuals aged 21-40 in Jefferson County get information about community and... = Other*

Q23 What places are individuals like you most likely to obtain and consume information?

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Q24 We appreciate your time! Your further contribution to this health campaign would be beneficial to The University of Iowa and to the Fairfield/Jefferson Country Community. If you would like to continue your involvement, please contact us at [logan-murry@uiowa.edu](mailto:logan-murry@uiowa.edu) or 319-325-9055.

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Q25 Please provide your email if you are interested in helping decrease mental health stigma in your community!

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End of Block: Default Question Block

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