

**heads up?! 2012 Social Marketing Campaign
Overview and Lessons Learned**
Craig Ross | January 31, 2013

This report presents a general overview of the fall 2012¹ *heads up?!* condom promotion social marketing campaign, from the perspective of the Healthy Sexuality and Harm Reduction (HSHR) Program Specialist. Because certain data are tracked and will be presented by ChangeMakers, the following are not included:

- Usage data for the www.getsomecondoms.com website,
- Information about advertising media handled by ChangeMakers, and
- Information about materials distribution to Teen Clinics, nor the movie premiere contest (which were both handled by ChangeMakers).

As part of the campaign evaluation, 28 individuals (almost all general program PHNs and Teen Clinic staff) completed an anonymous online survey about the campaign roll-out. Their feedback is incorporated throughout, and (much appreciated) detailed comments can be found in *Appendix A – Detailed Feedback*.

1. Development, Planning, and Materials

The Advisory Committee met four times between March and September 2012, reviewing the 2011 evaluation data and informing the development of the 2012 campaign. One youth focus group was held in mid-July to validate the creative concept.

The following materials were produced:

- Transit ads (shelter and interior)
- Videos (movie trailers & YouTube)
- Radio spots
- Branded toques
- Condoms (not branded)
- Posters (English and French)
- *Twilight* movie premiere promotion
- Facebook ads
- Campaign ‘business cards’
- Vinyl banner

The Program Specialist was responsible for distribution of the following:

Poster packages	Cards	Condom box	Toque	French poster
200	~6400	48	350	100

In addition, the www.getsomecondoms.com website was overhauled to now include additional information about STIs and birth control options, along with an online map of testing locations, Teen Clinics, and free condom distribution sites (a first in Manitoba). The website content was adapted (with permission) from several sources, including *Head and Hands* and *Scarleteen*. Fact-checking and editing was a collaboration of several PPH and partner agency staff. ChangeMakers and eHealth also added expertise to the development of various pages.

¹ A *heads up?!* re-run took place during the summer of 2012 (including a booth at the Red River Ex), but this information is not included in these data.

Campaign Materials



WIN tickets to a preview screening of **The Twilight Saga: Breaking Dawn Part 2**

getsomecondoms.com

*See website for contest details, rules and regulations



Cliniques pour adolescents À WINNIPEG

HIVER 2012/2013

Upper Respiratory Infections (URIs) and Sexually Transmitted Infections (STIs) are common among adolescents. Free condoms, information, and free t-shirts are available at participating clinics.

1. Hospital pour enfants (HCE)
2. Women's Outpatient Department
3. Alcona Street Teen Clinic
4. Clinique Mount Carmel
5. Resource Assistance for Youth (RAY)
6. Women's Health Clinic
7. Kincaid Community Health Centre
8. Elmwood Teen Clinic

14. Centre d'accès linguistique
15. Elmwood Teen Clinic

Clinique de soins pédiatriques et post-pédiatriques des adolescentes de l'Hôpital Saint-Henri

Map of Winnipeg showing clinic locations.

**heads up?!
use a condom**

getsomecondoms.com

free condoms • information • free t-shirts

getsomecondoms CONTACT FRANÇAIS

Sex Info STIs Condoms Testing Clinic Finder Birth Control & Pregnancy Sex, Drugs & Parties FAQs Resources

FREE

Points to note and lessons learned:

- The Program Specialist was given access to directly edit the website, which was initiated following a tremendous delay completing the website:
 - The French version of the site was not uploaded as of mid-December (as the official campaign period was coming to an end). The Program Specialist uploaded it once editing access was granted.
 - Final outstanding changes (not within the Program Specialist's capacity) were not made until late-January 2013.
 - Overall, Web Communications was obviously overwhelmed, and while very helpful when it was received, responsiveness was few and far between, and was absolutely the most challenging element of the entire campaign process. In the future, any and all websites should be (or in the case of *heads up?!*, should have remained) outsourced.
- A French version of the 'Teen Clinics' poster was developed, in collaboration with Healthy Child Manitoba. This idea was suggested by a St. Boniface PHN, who identified that francophone high schools were unable to post the English Teen Clinics poster. Its development is a tremendous example of a successful and swift cross-agency initiative suggested by the front-lines. The posters were printed in early January, and already almost 100 have been distributed.
 - Future iterations of the poster should clearly indicate at which Teen Clinics French-language services are actually available.
- Two focus groups may be warranted in future years: one to pitch the *concept* of the campaign (as was done this past year), and then one following development of the materials, to validate the 'finished product.'
- French Language Services was very responsive and helpful throughout the development of the updated website (~17,000 words translated, at no cost).
- General materials questions/suggestions:
 - 'Summer' Teen Clinic posters were mistakenly bundled into the campaign poster packages (the hours on which would have been incorrect in October). When this was caught (a couple of weeks into the campaign), Fall/Winter posters were quickly printed, but had to be re-sent to all sites.
 - The static nature of print ads was problematic due to the fact that the campaign actually consisted of two 'waves' of incentives: the movie premiere followed by toque distribution. The posters continued to advertise the movie premiere after it had already taken place (halfway through the campaign period).
 - Most Teen Clinic locations already have access to condoms. It was suggested that condoms should either be branded (with the matchbook wrapper), or else there is no need providing them at all.
 - One family physician suggested that *Twilight* may have appealed to too young of an audience, and questioned whether *Skyfall* (James Bond) may have been more appealing to 15- to 19-year olds.
 - Although the campaign video had its *text* translated into French, the *audio* ("heads up?!") remained in English. In the future, additional care could be taken to investigate whether *all* elements of a campaign can reasonably be translated.

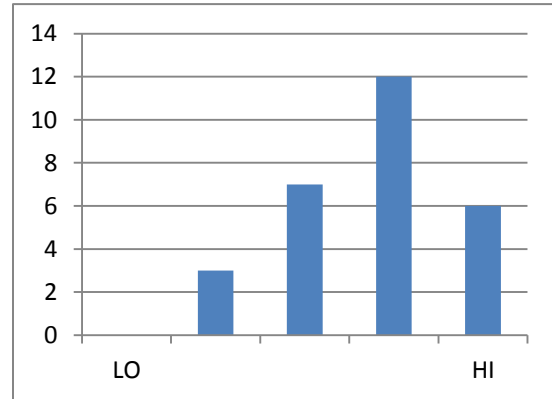
- At present, 92 English-language poster packages have been distributed by the Program Specialist, out of 200 given. These were the only materials whose supply significantly exceeded demand, which is useful information for future years.

Feedback from PHNs/Teen Clinic nurses

Question: “How do you feel about the 2012 CAMPAIGN (engaging to youth, appropriate messaging, choice of materials—posters, cards, toques, etc.)? Any suggestions?”

On a scale of 1 to 5 (with 5 being the highest score), the average response to the campaign materials was 3.75. There were almost no differences between community area PHNs (3.74) and Teen Clinic staff (3.75).

Detailed responses can be found in *Appendix A – Detailed Feedback*.

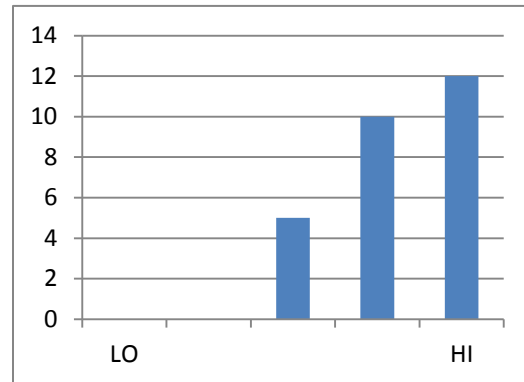


Question: “How do you feel about the www.getsomecondoms.com WEBSITE

(accuracy/thoroughness of information, design, user-friendliness, features)? Any suggestions?”

On a scale of 1 to 5 (with 5 being the highest score), the average response to the website was 4.26. There were almost no differences between community area PHNs (4.26) and Teen Clinic staff (4.29).

Detailed responses can be found in *Appendix A – Detailed Feedback*.



2. Campaign Roll-out – *Within the WHR*

The Program Specialist hoped to improve communication particularly with PPH community area staff, as well as primary care sites.

PPH Community Area PHNs/TMs

All PHNs assigned to a high school in a participating school division were contacted to attend a brief (45-minute) orientation session on the campaign (2011 campaign evaluation data and new campaign creative) and their anticipated role. For those high schools that also hosted a Teen Clinic, the Teen Clinic contact (usually a primary care RN) was also invited to attend.

Twenty-eight (28) PHNs were invited to four orientation sessions, organised according to geography (to facilitate accessibility). PHNs were given the dates and locations of other sessions if they were not able to attend the one to which they were invited.

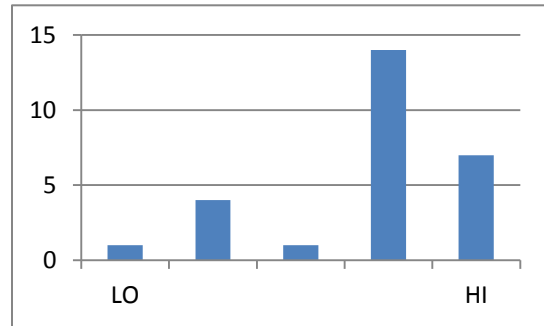
Of the 28 invited, 21 attended one of the sessions.

Feedback from PHNs/Teen Clinic nurses

Question: “How do you feel about the COMMUNICATION AND PREPERATION you received to roll out this campaign in your school or Teen Clinic (clearly understood your role/what was expected of you, background information about the campaign, etc.)? Any suggestions?”

On a scale of 1 to 5 (with 5 being the highest score), the average response to the communication/preparation provided was 3.81.

Teen Clinic staff felt slightly more prepared (4.13) than community area PHNs (3.67). This would imply that either some PHNs were inadvertently not invited to an orientation session, that the sessions themselves were simply inadequate, or that those who did not attend did not sufficiently receive the information in another way. (This was not clear from the feedback)



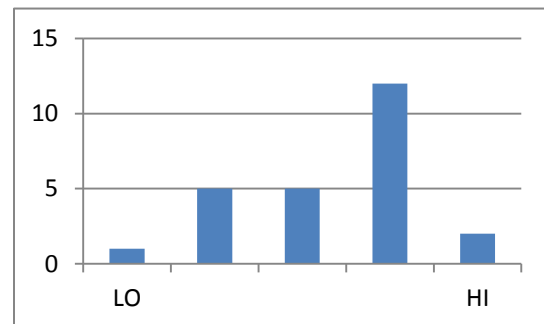
Detailed responses can be found in *Appendix A – Detailed Feedback*.

The timing of the roll-out conflicted with a number of other public health initiatives occurring at the same time, which may have overwhelmed some PHNs. Specifically, mass influenza clinics (and equity and catch up clinics), Immunization Equities projects, and preparations for the Youth Health Survey all took place at roughly the same time. PHNs were also asked to comment on this:

Question: Please leave any feedback about the TIMING and TIMELINES of this campaign. For example, did you feel you had enough time to introduce the campaign? Feedback about conflicts with other priorities (Youth Health Survey, Flu Clinics, regular workload, etc.). Is there anything that could be done differently?”

On a scale of 1 to 5 (with 5 being the highest score), the average response to the project timelines was 3.36.

Teen Clinic staff felt slightly more positive (3.50) than community area PHNs (3.25). Comments consistently pointed to the YHS as a particular conflict this past year, and



respondents requested that either the campaign should be moved to another time of the year, that they be given much more advance notice, or that they not be involved at all (materials should be sent directly to schools).

Detailed responses can be found in *Appendix A – Detailed Feedback*.

Points to note and lessons learned:

- Because *heads up?! was shut out of the River East-Transcona School Division, the Program Specialist met with the Transcona and River East public health teams in October to solicit other locations frequented by youth in their neighbourhoods, so that materials could be distributed. With their help:*
 - Eight community locations (bars, restaurants, community centres) consented to display the materials.
 - The two teams combined distributed 2 poster packages, 200 campaign cards, and 57 toques (including 25 to the *Teens Making a Connection* group in Transcona) in their area.
- In future years, all interested community areas could be met with more deliberately to ensure coverage *outside of schools*.

Primary Care

WHR Primary Care was engaged early on in the campaign and was greatly helpful. With the particular assistance of Jo-Anne Kilgour (Program Specialist):

- The PPH Program Specialist presented on the campaign to the Site Medical Leads and Primary Care Nursing Practice Council meetings.
- A one-pager was posted to the Family Physicians section of the WHR website.
- For CHAs/Direct Ops sites that do not have a Teen Clinic, materials were sent directly from the PPH Program Specialist: Aboriginal Health & Wellness, Centre de Santé, Hope Centre, Nine Circles CHA, Access Downtown, Access River East, Northern Medical Clinic, St. Boniface Family Medical, Kildonan Medical, Quick Care McGregor, Quick Care St. Mary's, St James Nurse Practitioner Clinic, and BridgeCare Clinic.
 - Administration at sites *with* a Teen Clinic were contacted by the Program Specialist as a ‘heads-up’ that materials would be coming via the Teen Clinic, recognising that staff may not always have alerted their managers.
- Four Rivers Medical (Broadway) was the only private clinic contacted—as HSHR was working with them on another initiative at the same time—and agreed to post and distribute materials. Other private clinics have been identified by the Primary Care Network Facilitators as likely ‘friendly’ sites for future years.

Total materials distribution to primary care (WHR Direct Ops and CHAs without Teen Clinics, plus Four Rivers)

Poster Packages	Cards	Condom Box	Toque
14	700	1	45

3. Campaign Roll-out – Schools

Only the River East-Transcona School Division refused to participate in the campaign. Louis Riel, Pembina Trails, DSFM, and Seven Oaks divisions allowed general program PHNs assigned to high schools to work with school administrators to implement the campaign in the schools. In the Winnipeg School Division, schools with a Teen Clinic received materials via Teen Clinic staff; those without a Teen Clinic received materials via their guidance counsellor (the Program Specialist presented to all WSD secondary guidance counsellors on October 9).

- Thirty high schools would have been included (PHN and/or Teen Clinic) across the six school divisions—assuming the PHN was able to connect with the high school (based on feedback, the majority were).
- Collège Pierre-Elliott Trudeau (RETSD) did consent to posting the French-language Teen Clinics poster, despite the division not participating in the campaign. This idea was suggested by a HSHR PHN, and the link made by the Transcona community area PHN.
- St. Norbert Collegiate (Seine River School Division) also participated in the campaign; this was initiated by the Fort Garry PHN assigned to it. SNC was not initially included because its division was not approached—focus was on the six Winnipeg school divisions—but SRSD should be included in future years.

Administration at all *independent* high schools in Winnipeg were contacted. No administrator responded favourably. In the end, three independent schools *did* participate—Gray Academy, University of Winnipeg Collegiate, and Southeast College—due to interest from guidance/phys ed. staff, or via community area PHN.

Most PHNs reported no problems working with their school on the project. Detailed responses can be found in *Appendix A – Detailed Feedback*.

Total materials distribution to schools

	Poster packages	Cards	Condom boxes	Toques	French poster
Schools (via CA PHN)	27	1350	-	59	40
Schools (via Program Specialist*)	15	900	8	30	6
TOTAL	42	2250	8	89	46

* Primarily materials sent to WSD guidance for distribution, plus additional cards requested by SJASD, SOSD, and LRSD to distribute via guidance counsellors.

Points to note and lessons learned:

- A consultation re: the new creative concept was held on July 5. Due to a tremendous delay having the invitation letter approved up the WHR chain of command, school divisions were only given about one week’s notice. In future years, the consultation should be planned well ahead of time (and preferably, held at a more convenient time for schools) to ensure maximum participation.

- As meetings were already taking place between WHR staff and school divisions re: the Youth Health Survey, the Program Specialist was permitted to take 5-10 min. at two such meetings to present on the new campaign in person. This was helpful and much appreciated.
- The Healthy Living Coordinator for Louis Riel School Division was adamant that the high school health educators (usually the physical education teachers) should be the primary contacts for the campaign, *not* guidance counsellors. Both systems should ideally be contacted in future years.

4. Campaign Roll-out – Teen Clinics

Roll-out to Teen Clinics was done by ChangeMakers, and so data will not be included here. The Program Specialist worked closely with Healthy Child Manitoba to ensure that Teen Services Network members were kept abreast of the campaign's development and roll-out. All Teen Clinics participated in the campaign except for the St. Boniface Hospital clinics (ACF Woman's Health, and Adolescent Prenatal and Postpartum Clinic); this was due to a surplus of materials from previous campaigns and their relatively small volumes.

5. Campaign Roll-out – Community

Information about the campaign reached youth-serving and general community agencies through a number of media. Primarily, sites were informed of the campaign through a) email networks and lists (for example, the Sexually-Exploited Youth Coalition distribution list), b) the Program Specialist directly, c) Public Health Nurses in both community areas and centralised HSHR, and d) other WHR staff (for example, community development facilitators).

The following agencies/bodies hosted campaign materials in their sites:

- Baby Talk (Seven Oaks adolescent mom & baby group)
- City of Winnipeg
- Ka Ni Kanichihk
- Marymound Young Parents Program
- New Directions/TERF
- North Point Douglas Women's Centre
- Peers: Students Helping Students (UofM)
- Sexuality Education Resource Centre (SERC)
- Training Resources for Youth (New Directions)
- UofM Womyn's Centre
- West Central Women's Resource Centre
- River East community locations (Jeffrey's Restaurant, Fabutan, Body Balance, Curtis Gordon Motor Hotel, and Bronx Park Community Centre)
- Transcona community locations (East End Community Centre, Park City West Community Centre, and the Central Hotel).
- Conseil Jeunesse Provinciale
- Knowles Centre
- Ndinawe
- North End Women's Centre
- Rainbow Resource Centre
- TeenStop Jeunesse
- Université de Saint-Boniface
- Tuxedo Family Resource Centre
- Westgrove Family Resource Centre
- White Wolf Speaking (SERC)

Total materials distribution to community sites

Poster packages	Cards	Condom box	Toque	French poster
36	1450	29	216	13

Points to note and lessons learned:

- Because condoms were not ‘branded’ this year, Teen Clinics were asked—if they already had a sufficient condom stock—if they would divert their campaign condoms for distribution in the community. 30 boxes of condoms were therefore able to be distributed to community sites.
 - An attempt should be made to determine the cost-savings of couriating materials versus the Program Specialist delivering them. Posters and cards were mailed to recipients, but a half-dozen sites requesting condoms had their supplies hand-delivered.
- Although there was some front-end interest on the part of the YMCA, ‘Lighthouses’ youth centres (MB Justice), and the Youth Agencies Alliance, ultimately none ended up engaging with the campaign.
- Community centres contacted (mainly in River East and Transcona) were quite receptive. In future years, the General Council of Winnipeg Community Centres could be a helpful intermediary (it was not contacted this year).

6. General/Miscellaneous

Public Response

This year, the ‘Contact Us’ feature on the www.getsomecondoms.com website was changed to allow direct emails to heads@wrha.mb.ca (as opposed to a link to the ‘Contact Us’ page on the WHR website). Four emails have been received between campaign launch and present, from:

- A member of the public: “I was surfing the web for a Canadian site that promotes Safe Sex and this was by far the easiest to find and concise and easy to navigate as well. Great site!” – She also suggested a ‘Gangnam Style’ parody featuring a ‘Condom Star’ as a possible video idea.
- A Teen Clinic nurse requesting additional toques for her site.
- A high school guidance counsellor (her school’s posters had been wrecked, so she was requesting more).
- A (youth) member of the public: “As a Winnipeg youth who is sexually active and socially responsible, I have to give praise to this campaign. It has spread among my own personal friend circle as hilarious but useful advertisement. My peer group even going so far as to copy the campaign with our own photos and exercise balls, we also sometimes catch each other off guard by shouting "Gonorrhoea!" and throwing our hands up. But the importance of this campaign does not go to numb ears, myself realizing that STD's/STI's are a serious matter and that talking about them and discussing them reduces the taboo. I can assure you, in my own personal experience, this campaign has been effective, and I thank you for it. If anymore feedback is needed please contact me, or if any help

with volunteer work (such as door-to-door or information booths) I would be glad too assist.”

The Program Specialist is unaware if the RHA—through other channels—received additional feedback from the public.

The campaign generated much feedback from agency partners and stakeholders, almost all of it complimentary. One particular issue worth highlighting is the issue of free condoms. Agencies receiving condoms (one-time) as part of the campaign indicated that they would appreciate being able to find a steady source of condoms throughout the year.

Research/Evaluation

For the second year in a row, Prairie Research Associates will be undertaking a survey of Winnipeg youth, asking about the *heads up?!* and about the youths’ own sexual attitudes and behaviours. Based on existing evidence and certain responses to the previous year’s survey, some additional questions were added to the 2012 campaign evaluation survey:

- Assessing other forms of birth control being used by female respondents and the partners of male respondents. This addresses a hypothesis that hormonal birth control (pills, Depo-provera, etc.) is associated with decreased condom use among young women.
- Assessing age of sexual debut, along with condom use at sexual debut—which is associated with subsequent lifetime safer sex practices.
- Two questions expanding on condom use: asking youth who are not yet sexually active if they would feel confident putting on a condom, either on themselves or their future partner(s); and asking those who did use a condom at last sexual encounter whether they used it correctly, by asking if they experienced any frequently-reported errors (taking the condom off before the end of intercourse, slipping, breakage, etc.).

Results of the evaluation survey are expected in late-March/early-April.

Ethics was considered but ultimately not sought for this survey. A small group (composed of HSHR, Surveillance, and university-based researchers) is currently considering potential interventions and research questions that would warrant an ethics-approved study.

Cross-RHA Cooperation

Prairie Mountain RHA expressed an interest in adapting campaign materials for a Brandon *heads up?!* campaign. They sought advice from the Winnipeg team and were given ideas for allocating their funding (along with some leftover 4’ sandwich boards). They eventually connected with ChangeMakers directly.

Appendix A – Detailed Feedback.

1. Campaign design and materials

Question: How do you feel about the 2012 CAMPAIGN (engaging to youth, appropriate messaging, choice of materials--posters, cards, toques, etc.)? Any suggestions?

- love it! - but not as edgy as the last (Don't be a dick campaign) which was genius
- loved the toques, wish there were more condoms with something eye catching for the youth
- Think the campaign posters were a bit hard for people to understand if they didn't see the video clip.
- Excellant, lots of positive feedback from students
- The campaign was great - good messaging and materials
- I actually haven't seen very much.
- Did not like the commercial on the radio, very childish reflects poorly on the wrha.
- Fall is a very busy time at schools and expecially so this year as the Youth Health Survey was also being rolled out at the same time. From my perspective as a school PHN, if felt like the Heads Up campaign didn't get as much attention as my highschool as it could have because of this.
- Poster a bit too juvenile. Liked the videos
- I saw the heads up video clips at the movies, very appropriate place to show the skit. Don't agree with the toques, think they open the door to bullying and making fun of an important issue.
- I think was a good campaign, people seemed to be more aware it was happening than last time.
- The Teen Clinic nurse is taking the main role in this campaign as it has been very difficult to connect with her.
- The t-shirts were more of a hit than toques at our clinic, otherwise all the posters, etc. were great
- the website could have been better promoted – I personally did not take note of it or register it in my conciousness from the posters.
- Loved the toques!

2. Website

Question: How do you feel about the www.getsomecondoms.com WEBSITE (accuracy/thoroughness of information, design, user-friendliness, features)? Any suggestions?

- When I presented the information at my school many of the students said the cafeteria scene was very typical and found the humor in it
- too busy
- Didn't know about it but I will check it out.

- Well design and user-friendly
- once you learn about it and get there - it is great
- have not seen website

3. Communication and preparation

Question: How do feel about the COMMUNICATION AND PREPARATION you received to roll out this campaign in your school or Teen Clinic (clearly understood your role/what was expected of you, background information about the campaign, etc.)? Any suggestions?

- not applicable to me
- Craig was very helpful' organized. Great job!
- communication was well-done - it was very clear what the expectations were for the PHNs
- I didn't get very much information. The PHN who does teen clinic got more information than we did.
- Again, the campaign could have had a bigger impact at my school if it was done at a different time of the year since my highschool was also planning for the Youth Health Survey.
- the timeline was too compressed. Hard to even get out to the info session.

4. Workload, timing, and timelines

Question: Please leave any feedback about the TIMING and TIMELINES of this campaign. For example, did you feel you had enough time to introduce the campaign? Feedback about conflicts with other priorities (Youth Health Survey, Flu Clinics, regular workload, etc.). Is there anything that could be done differently?

- It did conflict with other initiatives like YHS and flu as well as United Way and school immunization
- It was fine
- While this was not a big time component of our job it did conflict with other priorities - eg YHS and our regular job functions. The toques coming out in several stages was another "job"for us to do. I feel that it would have been just as useful to have the posters etc. delivered to the schools. Using the PHN as a conduit does not really serve any purpose as our role is minimal and limited and we do not have the resources or the time to offer programs. Therefore using us a a delivery system does not really serve any purpose. The schools will use the material if they are so inclined and have permission from their school boards to use it, regardless of whether the PHN delivers it or not.
- No, it was very last minute and didn't have very much information for the schools. If we didn't have a nurse who does teen clinic we would have been in the dark.
- I didn't feel I had enough time to prepare and promote the campaign at my school. See previous comments. The flu clinics have a big impact on PHN time.

- PHN's are super busy with immunizations in Oct. YHS also took place in early Nov. Can I suggest January next year or maybe May - prior to summer break.
- Conflicted heavily with YHS.
- Timing was poor as the campaign was rolled out at the same time as the Youth Health Survey, which may have made it confusing for some. Would have like the info about the campaign months prior to the actual roll out date, more time to prepare and schedule times to meet with the schools
- There is no perfect timing as we are general practitioners. Our plates are full most of the time during school year.

5. School/Teen Clinic barriers

Question: Please indicate any issues you encountered FROM YOUR SCHOOL OR TEEN CLINIC FACILITY. What barriers--if any--did you encounter? (including if you weren't able to roll it out at all)

- School was a challenge. I left 3 messages requesting an appt with one of the vice principals re campaign. I never received a return phone call back. I ended up delivering the package of materials to the secretary desk - definitely not what I hoped.
- No problems - the school was happy to get the information.
- No problem
- No issues from the schools but difficult to get a time to see the guidance counsellor as had to review YHS as well and her time is very booked as mine is.
- our school division did not allow the campaign
- Schools were great.
- My school was very interested in teh campaign. The only issue as stated above is that fall is a very busy time at schools.
- My school was reminded about the fact that our community area does not have a teen clinic. They would like to partner & work toward a Teen Clinic in the community area
- Not enough touques:) they were a huge hit with the students!!
- no barriers identified
- My barrier is the difficulty in dialogue with the nurse at the Teen Clinic.
- none
- the movie did not seem to appeal - not may participants despite promoting it. [likely re: the movie premiere contest – ed.]
- ran out of tshirts

6. Any final suggestions/feedback areas?

- Thanks for the energy and enthusiasm for this campaign! Such a high need area.
- The students really liked the touques. I was able to get some extra one, but more would have been great. Craig was very effective in his role!

- Perhaps send out a survey with slogan ideas for members from front line who may have better suggestions and better ideas for commercials.
- Winter or spring rollout might be more effective.
- Better info on places to get info on STI's birth control etc. The Teen Clinic Posters were out of date.
- Well coordinated
- I am a local PHN assigned to a school with a teen clinic. I offered my services to Primary care nurses running clinic, but they felt they did not need them. Would have been nice to be more active in the campaign. Used the information at my Healthy Baby site.
- the give away touques are not moving as a take home item. I may focus on social media tools and promotion. text in to get a code to put in on the website to win an i-pad. Drive traffic to the website with a prize.
- response to tshirts was best. Sizing was difficult -- nice to have woman's T's, but they were sized quite small.
- I think it was a great campaign.