Special Report on Social Determinants of Health and Emotional Well-being amid the COVID-19 Pandemic:

Findings from the Evaluation of the How Right Now/Qué Hacer Ahora Campaign

February 2023
Introduction

Since the initial COVID-19 outbreak, millions of Americans have experienced challenges to their mental health due to the loss of loved ones, economic distress, and social isolation, among other challenges. To help people cope with the mental health challenges brought on by the COVID-19 pandemic, CDC, with support from the CDC Foundation, enlisted NORC at the University of Chicago (and its partners, Burness Communications and TMNCorp) to develop How Right Now/Qué Hacer Ahora (HRN). HRN is a theory-based communications campaign that aims to address groups disproportionately affected by the pandemic.

The year 1 evaluation of HRN revealed disproportionate impacts on mental health among those who have experienced disruptions to social determinants of health (SDOH) as a result of COVID-19. Those SDOH disruptions were highest among people who identify as African American or Black (AA/B), Hispanic or Latino (H/L), and American Indian and Alaska Native (AI/AN). These disparities are a direct result of the exclusionary policies that have left communities of color in the United States without access to resources that would help address SDOH needs (such as economic instability, housing, and food insecurity, health care, and education access and neighborhood and social environment) and put them at a higher risk for COVID-19 morbidity and mortality.

Therefore, the campaign evolved to focus on new audiences of focus, namely people who identify as AA/B, H/L, and AI/AN.
About the Campaign

*HRN* offers evidence-based, audience-centric messages that reflect the real, everyday experiences and emotions that people are having and addresses them in actionable ways and visually appealing formats. Materials include an easy-to-use website, where audiences can find immediate support for the emotions they are experiencing—including stress, fear, worry, grief, loneliness, sadness, and anger—and digital and printable materials that are culturally relevant. Materials are available in English and were transcreated into Spanish in partnership with Spanish-speaking health communications professionals.

To reach the communities it seeks to serve, *HRN* has leveraged trusted organizational partners and individual champions to be the voices through which these messages and materials are disseminated. Other strategies used to reach and engage the campaign’s audiences include digital and social media and radio ad buys (in English and Spanish).

Since its official launch, the campaign has adapted to a shifting environment, as new COVID-19 variants emerged, to be responsive to the ever-changing needs of its audiences. Employing a mixed-method, culturally responsive design, *HRN*’s evaluation has aimed to examine and assess receptivity to campaign materials and the effects of campaign exposure on individual coping and resilience. This report highlights findings from the process and outcome evaluation that covers the time period of June 1, 2021, through June 13, 2022.
Approach to Evaluating
*How Right Now/Qué Hacer Ahora*

A theory-based process and outcome evaluation was conducted to assess the campaign. The evaluation included process measures to measure the context in which the campaign was operating, how the campaign was implemented, and campaign reach. It also assessed outcome measures such as exposure, receptivity, information seeking, community engagement, and coping and resilience.

The evaluation follows steps outlined by the CDC evaluation framework and principles of culturally responsive evaluation (CRE). We triangulated findings across data sources to gain a deeper understanding of the campaign’s context, implementation, reach, and impact. All evaluation activities took place in both English and Spanish. Findings are representative of the time period in which they were collected. Data collection activities are described below.
Methods

Environmental Scan
The evaluation team developed search terms and parameters on COVID-19, mental health, and the audiences of focus. We used NetBase Quid Pro to understand the context for the implementation of the campaign. The team reviewed more than 100 pieces of grey literature, including documents, articles, and opinion pieces.

Social Listening
Applying similar terms used for the environmental scan and the campaign hashtags (#HowRightNow & #QueHacerAhora), we conducted social listening using CrowdTangle and TalkWalker to gain an understanding of the conversations that were happening across social media platforms about people’s emotional experiences during COVID-19 and how audiences were engaging with campaign content.

Paid Advertising Data
Staying true to its nimble and responsive design, the campaign implemented limited digital, social, and radio advertising buys to amplify mental health promotion activities and related content (National Public Health Week during April 10-24, Mental Health Awareness Month from May 2-31 and materials tailored to American Indian and Alaska Native audiences from May 31 through June 10). Specifically, Facebook, Instagram, and Google Search ads ran in English and Spanish targeting HRN audiences. Finally, English and Spanish language radio ads ran on iHeartRadio between May 2, and May 29, 2022. Metrics from these ad buys were collected and analyzed as part of the evaluation.

Google Analytics Data
We used Google Analytics metrics (e.g., the number of page views, the number of users, average session duration, resources frequently visited, user location, and how users access the site) to track and understand audience engagement with the HRN website during the evaluation time period.

Partner Listening Sessions and Activity Tracking
We tracked and analyzed campaign partner activities (which included presentations, newsletters, social media platforms posts, amongst others) and all instances where partners, celebrities, and influencers shared HRN messages and materials. Additionally, we held listening sessions with five implementation partner organizations to discuss implementation challenges and facilitators and obtain feedback on the campaign website.

Web and Ad Metrics
Examined website traffic patterns and ad performance over 12 months to understand reach and engagement of HRN/QHA website and materials.

Audience Survey
Using AmeriSpeak® (NORC’s nationally representative probability panel of more than 30,000 U.S. households), an online survey was conducted with target audience members in May 2022. The survey assessed what HRN messages and materials priority audiences were exposed to, audiences’ thoughts about messages and materials, information-seeking behaviors, and how audiences’ emotional health attitudes and coping behaviors changed with campaign exposure.
Findings

The evaluation triangulated findings across data sources to understand the impact the campaign had on HRN’s audiences’ behaviors. Specific findings are described below.

Campaign Context

The cultural and political climate during campaign implementation brought to light structural inequities and health disparities, as revealed by social listening data sources. As COVID-19 vaccines became more widely available in the summer of 2021, the context in which the campaign was operating shifted from the early pandemic days when the main concerns were fear about illness and isolation from lockdowns to broader structural and societal inequities. The campaign’s new audiences of focus faced challenges related to SDOH and mental health, such as economic and job-related stress, barriers to health care, and increased incidence of mental health concerns. Disparities in access to care, discussions of mental health stigma, and challenges related to SDOH emerged as important contexts in social media conversations and the news.

Campaign Implementation

The campaign engaged 83 organizational partners, 44 celebrities, and 61 influencers to help promote its messages and materials. Partners used various outreach strategies and leveraged their own communication channels to reach their communities. Celebrities and online influencers, on the other hand, were provided with digital messages that were often adapted so the influencer could include a personal story.

Both paid ads as well as celebrity and influencer outreach increased the reach of the campaign and allowed for increased engagement of Spanish-speaking audiences. (See Figure 1.) Dissemination was frequently organized around coordinated “Days of Action,” which allowed for coordinated moments of amplification. For example on October 15, 2020 (10-15-2020), partners, influencers and celebrities joined together in encouraging audiences to take 10-15 minutes to care for their emotional well-being. (See Figure 2.) Targeted ad buys (on Facebook, Instagram, Reddit, Google Search, and Spanish radio) helped increase the reach of the campaign and drive traffic to the campaign website.
Campaign Reach
The HRN campaign reached audiences in need of support during the pandemic. During the campaign evaluation time period, the total reach for the campaign was **265,639,881**. Celebrities on social media accounted for the majority of campaign reach (see Figure 3 for example post), followed by campaign amplification activities that were supported by NORC, CDC, and the CDC Foundation; the digital and radio ads; and then partner outreach. Additional social media engagements (e.g., retweets) also substantially contributed to the campaign’s overall reach. (See Figure 4.) Compared to the last campaign evaluation, the reach decreased by only 39%, with a 60% reduction in the campaign activation period. Celebrity reach grew 66% from the last evaluation, even with fewer accounts posting, and accounted for the largest share of campaign reach.

Campaign Impact
The evaluation found that HRN continues to reach and support the audiences that need it most, including members of the audiences of focus who were experiencing stress and seeking information to support their mental health. Campaign exposure was associated with people experiencing higher stress levels in their lives and who were more likely to seek information to support their emotional well-being. The campaign also had a measured positive effect on resilience across all audiences; however, the three audiences demonstrated different kinds of resilience after viewing campaign messages. Findings related to campaign exposure, receptivity, information seeking, and coping and resilience are discussed below.
**Campaign Exposure**
We found that approximately 1 in 4 individuals in our audiences of focus had been exposed to HRN messages or similar messages, which was consistent with the last evaluation. AA/B respondents reported the highest levels of exposure (30%), followed by AI/AN (24%) and H/L (23%); these were not statistically significant differences. Campaign exposure was significantly associated with higher levels of reported stress, as audience members exposed to the campaign had 1.9 times higher odds of reporting overall stress and 3.5 times higher odds of reporting stress and discord in the family during the pandemic than those who were not exposed. These results indicate that the campaign reached those who most needed emotional health support.

**Receptivity**
Consistent with the first evaluation, the best-performing messages provided a “1-2 punch” of acknowledging emotional health needs and offering actionable suggestions to cope. Although most respondents found HRN messages believable and worth remembering, there were differences in the receptivity of the message between the three audiences of focus. In examining the most popular message “Take Five” (See Figure 5), AA/B audiences were more likely than others to report that the message made them more motivated to take steps to cope, H/L audiences were more likely to say the message motivated them to seek resources to take care of their emotional well being, and AI/AN respondents reported that they were less likely to be motivated to bounce back and to seek resources to take care of emotional well-being than the other audiences.

**Information Seeking**
There was a strong association between campaign exposure and seeking information on resources to support emotional health. Almost half of all audience members surveyed who were exposed to the campaign reported that they tried to find information or resources to support emotional health. (See Figure 6.) Information seeking was highest among AA/B audiences (30%) and H/L audiences (28%).

**Coping & Resilience**
Exposure to HRN was associated with increased coping strategies such as participation in support groups and meditating or taking deep breaths, reflecting a few of the actions campaign messages were geared toward. Campaign exposure was also associated with audience members’ challenges related to SDOH, such as lacking health insurance and having lower levels of education. (See Figure 7.) After viewing HRN messages, respondents overall demonstrated a slight increase in their confidence in “coming through difficult times with little trouble” (13% increase overall). However, different audiences reported different kinds of resilience after viewing HRN messages; H/L audiences were most likely to report that messages increased their confidence to “bounce back quickly from these hard times,” while AA/B audiences reported increases in confidence to “snap back if something bad happens” and “get over setbacks in life”. AI/AN audiences demonstrated no changes in resilience.
Conclusion

The availability of COVID-19 vaccines characterized the context for this phase of the campaign, as work, school, and life activities returned to in-person after initial lockdowns subsided. Challenges related to SDOH, including loss of income and employment, barriers to health care and education, and experiences of discrimination or structural racism, were common among our audiences of focus. HRN’s audiences of focus demonstrated emotional health needs, information-seeking behaviors, and social determinants of health challenges. Campaign messages had the greatest impact in promoting audience members’ confidence to “come through difficult times with little trouble;” however, the three audiences of focus had distinct experiences and showed different campaign impacts.

HRN has brought together trusted voices to provide evidence-based materials and resources to a range of audiences impacted by the COVID-19 pandemic, with particular attention paid to those groups who have been disproportionately affected. The concept of community emerged as an essential aspect of the campaign across audiences, as social media posts facilitated group conversation and discussion where users shared mental health coping tips and expressed gratitude and affirmations for sharing mental health struggles. Campaign activations drove engagement and created these spaces for audiences to build community with one another.

The ability of influencers and partners to tailor and adapt messages and target ads for their audiences increased the reach and impact of messages.

This evaluation of HRN revealed that the campaign continued to be nimble and responsive throughout the COVID-19 pandemic, meeting its priority audiences where they were, with what they needed, when they needed it. These adaptive techniques resulted in an increased reach of and engagement with the campaign, driving a total reach of more 265 million, even with a condensed activation period and a smaller budget for supporting paid activities. Most notable, however, was the finding that the campaign continued to have the greatest impact on those audiences who needed it most – providing mental health support and resources to individuals seeking out information and resources in the face of stressful times.

As the mental health impacts of COVID-19 may continue to be felt for some time, these individuals will continue to need support. Moreover, given the salience of the campaign with those experiencing other significant life stressors (e.g., financial hardship, violence, stigma, racism), the campaign has an opportunity to provide mental health and emotional well-being support well beyond COVID-19.
About the HRN Team

NORC
NORC at the University of Chicago is an objective, nonpartisan research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. NORC’s health communication group includes experts in digital strategy and outreach, social media data analysis, and audience research and evaluation.

Burness
At Burness, a mission-driven organization with ability to influence social change, veteran communications, media, and policy experts work with digital strategists, designers, writers, and producers to create and execute communication strategies that move issues and elevate organizations.

TMN
TMNcorp is a minority- and woman-owned full-service communications and marketing company that combines a broad range of media, research, and strategic management expertise not ordinarily found in a single firm. TMN’s strength lies in personal and professional diversity, commitment, and desire to make a difference.

References


viii Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48

Learn more at CDC.gov/HowRightNow or CDC.gov/QueHacerAhora.
For questions about the How Right Now/Qué Hacer Ahora campaign, contact howrightnow@cdc.gov.