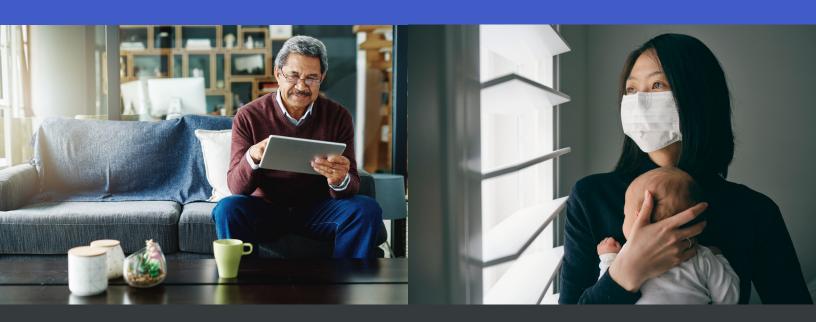




Special Report on Mental Health and Emotional Well-being Amid the COVID-19 Pandemic:

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

July 2021









As COVID-19 spread across the nation, Americans have had to stay at home, socially distance, and take steps to protect themselves and their loved ones. Many people have experienced tremendous loss over the course of the pandemic—the loss of loved ones, jobs and financial security. As a result, reports of mental health concerns have increased. As recently as February 2021, ¹ Centers for Disease Control and Prevention (CDC) data revealed that feelings of depression (29%), suicidal ideation (8%) and initiating or increasing substance use as a coping mechanism (18%) were still occurring.

In response to this need, the *How Right Now/Qué Hacer Ahora* (*HRN/QHA*) campaign, which launched on August 5, 2020, was developed. Based in research—and made possible with support provided by the CDC Foundation and in partnership with the CDC—*HRN/QHA* aims to increase individuals' coping skills and their ability to adapt and be resilient, as well as reduce the risk of adverse behaviors.

HRN/QHA offers evidence-based, audience-centric messages that reflect the real, everyday experiences and emotions that people are having and address 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—as well as digital and printable messaging and materials that are culturally relevant and available in both English and Spanish.

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

Since its official launch, the campaign has had to adapt to a shifting environment as the virus spread and be responsive to the everchanging needs of its audiences. Employing a mixed-method, culturally responsive evaluation design, ongoing process metrics have been used to evolve the campaign in nimble and adaptive ways. Additionally, outcome evaluation data have been collected, enabling an assessment of the campaign's impact on individual coping and resilience. This report highlights findings from the process and outcome evaluation. The time period for the evaluation is August 5, 2020 through May 31, 2021.

Why How Right Now?

Many people are experiencing feelings of grief, loss, anxiety and depression as a result of the COVID-19 pandemic, but certain groups may be more at risk of experiencing mental health challenges during this time.² *HRN/QHA* is particularly focused on these audiences:

- Adults over 65 years of age and their caregivers
- People with preexisting mental and physical health conditions
- People experiencing violence
- People experiencing economic distress

Within each of these audience groups, *HRN/QHA* focuses on at-risk subpopulations, e.g., racial and ethnic and gender-identity minorities, who are disproportionately experiencing the effects of COVID-19.



Approach to Evaluating How Right Now/Qué Hacer Ahora

To assess the campaign, a theory-based process and outcome evaluation was conducted. The evaluation included process measures such as 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 framework³ and principles of culturally responsive evaluation (CRE).⁴ Data collected as part of the evaluation were synthesized and findings were triangulated across data sources in order 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.

Evaluation Areas of Exploration



Campaign context



Campaign implementation



Campaign reach



Campaign impact

Methods

Environmental Scan

Using relevant search terms and parameters, more than 100 pieces of grey literature, including documents, articles and opinion pieces, were collected and analyzed during the evaluation time period to understand the context for the implementation of the campaign.

Social Listening

Applying similar terms used for the environmental scan as well as the campaign hashtags (#HowRightNow and #QueHacerAhora), social listening was used to gain an understanding of the conversations that were happening across social media platforms about people's emotional experiences during COVID-19 and how campaign audiences were engaging with campaign content.



Partner Tracking

Given that *HRN/QHA* was implemented primarily through and with partners and other trusted voices, partner activities (which included webinars, newsletters, SMS text campaigns, social media platforms posts, amongst others), were tracked and analyzed. Using a campaign partner tracker, all instances where partners, celebrities and influencers shared *HRN/QHA* messages and materials were documented.

Paid Advertising Data

Staying true to its nimble and responsive design, the campaign began to implement limited digital, social and radio advertising buys on November 9, 2020, and ran them through May 31, 2021. Specifically, Facebook, Instagram and Google Search ads ran in English and Spanish directed to *HRN/QHA* audiences. A pilot test of ads on the social media platform Reddit ran in English directed to *HRN/QHA* audiences. Finally, Spanish language radio ads ran on iHeartRadio and Univision stations directed to Spanish-speaking audiences from December 14-27, 2020. Metrics from these ad buys were collected and analyzed as part of the evaluation.

Google Analytics Data

To track and understand audience engagement with the *HRN/QHA* website during the evaluation time period, Google Analytics metrics (e.g., number of page views, the number of users, average session duration, resources frequently visited, user location, how users access the site), were collected and analyzed during the evaluation time period.

Audience Surveys

Using AmeriSpeak® (NORC's nationally representative probability panel of more than 30,000 U.S. households), online surveys were conducted with priority audience members in three waves: August 2020 (n = 858), October 2020 (n = 719) and May 2021 (n = 712). These surveys assessed what HRN/QHA messages and materials priority audiences were exposed to, audiences' thoughts about messages and materials, information-seeking behaviors and to what extent audiences' emotional health attitudes and coping behaviors changed with campaign exposure.



Figure 1

Celebrity

Post

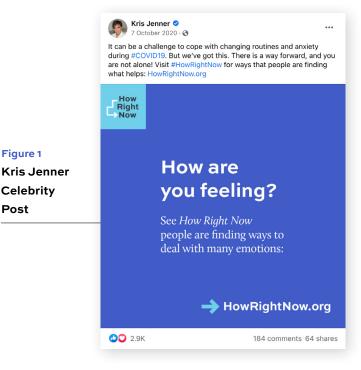


The Findings

Data collected as part of the campaign evaluation were synthesized and findings were triangulated in order to evolve the campaign over time as well as to understand the impacts the campaign was having on HRN/QHA's audiences' behaviors. Specific findings are described below.

Campaign Context

Change and uncertainty defined much of the past year. Mental health suffered population-wide, as individuals contended with stress and changes to their daily life. An analysis of Twitter data revealed high levels of conversation around "sadness" (for English speakers) and "miedo [fear]" (for Spanish speakers) across nearly the entire evaluation period, and which only started to decline in May 2021. Mentions of "stress" also increased during the holiday season at the end of 2020, a time period which also saw a rapid increase in new COVID-19 cases.



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.) 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/QHA campaign reached audiences in need of support during the pandemic. During the campaign evaluation time period, the total reach for the campaign was 437,312,529. Celebrities on social media accounted for the majority of campaign reach, followed by digital and radio ads, and then, influencer outreach. Additional social media engagements Web: (e.g., retweets) also substantially contributed to the 357,845 campaign's overall reach. (See Figure 3.) **Partners:** 645,222 Figure 3 **Reach by Campaign Tactic** Influencers: 7,886,002 Digital/Radio Ads: 19,106,038 Celebrities: 101,628,395 Additional Social Media Potential Reach: 308,334,249

Campaign Impact

The evaluation found evidence that *HRN/QHA* improved audiences' ability to cope and be resilient during the pandemic. Campaign exposure was associated with people who were experiencing higher levels of stress in their lives and were more likely to seek information to support their emotional well-being, with people experiencing violence and economic distress and communities of color suffering the most. The campaign also had a measured positive effect on community engagement and resilience—especially for people experiencing violence and economic distress and communities of color. Findings are discussed below, broken out by exposure, receptivity, information seeking, community engagement and coping and resilience.

Exposure

Overall, we found that approximately I in 4 individuals had been exposed to *HRN/QHA* messages or similar messages. People experiencing violence reported the highest levels of aided exposure, followed by people living with preexisting health conditions and people experiencing economic distress. African American/Black respondents also reported higher levels of exposure than others on average.

Receptivity

Overall, *HRN/QHA* messages were seen as believable and worth remembering. Attitudes towards the campaign messages and website were more favorable among people experiencing violence and economic distress and communities of color. The best performing messages provided a "1-2 Punch", acknowledging an individual's current emotional health needs and offering actionable suggestions to cope. (See Figure 4.)



Figure 4. Best Performing Messages Packed a "1-2 Punch"

Respondents who agree or strongly agree that "the message is..." (N=450)

Believable
Worth Remembering
Informative
Relevant
Telling me something new



Source: Aggregated results from HRN/QHA August 2020 (n=858), October 2020 (n=719), and May 2021 (n=712) surveys

Information Seeking

There was a strong association between campaign exposure and seeking information on resources to support emotional health. Information-seeking behaviors for all audiences increased over time and were at the highest levels in May 2021. (See Figure 5.) People experiencing violence and economic distress reported the highest levels of information seeking (31% and 30% respectively (p<.05)).

Community Engagement

Findings from the evaluation also revealed increases in confidence in one's ability to engage in one's community—for all audiences—as a coping strategy (21%). However, people experiencing economic distress and African American/Black audiences had the greatest positive shifts in willingness to support and give back to their community after viewing *HRN/QHA* messages (31% and 35% respectively (p<.05)).

Figure 5. Increasing Information Seeking Over Time Respondents who have tried to find information or resources to support their emotional health



Source: HRN/QHA August 2020 (n=858), October 2020 (n=719), and May 2021 (n=712) surveys

Coping & Resilience

Finally, the evaluation findings revealed those who have been suffering the most reported the highest increase in confidence that they would bounce back and use coping strategies to care for their physical and mental health, as a result of campaign messages. Specifically, people experiencing violence and economic distress and Hispanic/Latino audiences reported the highest increase in confidence that they would bounce back (26%, 26% and 22% respectively (p<.05)). Meanwhile, people experiencing violence and economic distress and African American/Black audiences were more likely than others to report that they would use coping strategies to care for their physical and mental health (30%, 26% and 25% respectively (p<.05)).

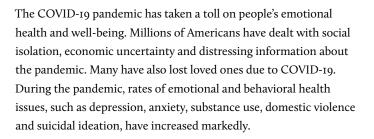


^{**} Statistically significant difference by group, p <.05









How Right Now/Qué Hacer Ahora has brought together trusted voices to provide evidence-based materials and resources to a range of audiences that have been impacted by the COVID-19 pandemic, with special attention paid to those groups who have been disproportionately affected.

The evaluation of *HRN/QHA* revealed that the campaign has been 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 increased reach of and engagement with the campaign, driving a total reach of more than 437 million.

Most notable however was the finding that the campaign has had the greatest impact with those audiences who needed it most. People experiencing violence and people experiencing economic distress had greater reported stress and discord in the family, as did African American/Black and Hispanic/Latino groups, and these groups also were more likely to seek information to support their mental health and emotional well-being. These groups were also most likely to be exposed to the campaign—and were where the greatest impacts were seen. While the campaign had positive effects on community engagement and resilience for many of the respondents, the biggest changes were seen amongst these groups.

As the nation continues to try and recover from the pandemic, these individuals will continue to need support as the mental health impacts of COVID-19 may continue to be felt for some time. 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 supports 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.

<u> TMN</u>

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.

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- 4 Hood, S., Hopson, R.K., & Frierson, H.T eds. Continuing the Journey to Reposition Culture and Cultural Context in Evaluation Theory and Practice. InfoAge Publishing Co. 2015





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