



# Developing and implementing a targeted health-focused climate communications campaign in Ontario—*#MakeItBetter*

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## Abstract

**Setting** Public health practitioners are called to effectively communicate with the public on climate change. The climate crisis requires swift action that starts with public awareness of climate-related health impacts and leads to public support for individual, community and systemic actions to mitigate and adapt to climate change.

**Intervention** This paper discusses learnings about public opinion research and communication strategies and how a health-focused climate communication campaign—*#MakeItBetter*—could help to increase awareness and engage new audiences, including public health partners, in conversations about climate change in order to reduce climate-related health impacts for current and future generations. The *#MakeItBetter* campaign was grounded in evidence-informed messaging, being sensitive to health inequities. Emerging research and pre-campaign testing suggest that framing climate change as a health issue is a promising practice.

**Outcomes** The *#MakeItBetter* campaign appeals to parents/caregivers to learn more about climate-related health impacts, take protective action for children and support multi-level climate action. The campaign launch secured 89 news stories, including multicultural media coverage. Longer-term evaluation is required to determine the campaign's effectiveness in building public support for climate action.

**Implications** An innovative approach to climate communication that draws on the intersections between behavioural and climate sciences and engages in multi-sectoral collaboration can spur both climate action and health protection, aiding public health practitioners and partners in effectively communicating the urgency for climate action. More work is needed to support communication on climate change as an inequity multiplier and promote climate action and community resilience for health equity co-benefits.

## Résumé

**Lieu** Les praticiens de la santé publique sont appelés à transmettre à la population des messages efficaces sur le changement climatique. La crise climatique nécessite une action rapide qui commence par la sensibilisation du public aux incidences du climat sur la santé et mène à l'aide publique aux actions individuelles, collectives et systémiques pour atténuer le changement climatique et s'y adapter.

**Intervention** Notre article porte sur les enseignements de la recherche sur l'opinion publique et des stratégies de communication et sur le moyen pour une campagne d'information axée sur les effets du climat sur la santé, *#MakeItBetter*, de favoriser une prise de conscience et de toucher de nouveaux publics, notamment les partenaires de la santé publique, en nouant un dialogue sur le changement climatique afin de réduire les incidences du climat sur la santé des générations actuelles et futures. Fondée sur des messages factuels, la campagne *#MakeItBetter* est sensible aux inégalités de santé. Selon la recherche émergente et les essais menés avant la campagne, la pratique qui consiste à présenter le changement climatique comme une question de santé est prometteuse.

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**Résultats** La campagne *#MakeItBetter* demande aux parents/proches aidants de s’informer des incidences du climat sur la santé, de prendre des mesures pour protéger leurs enfants et d’appuyer une action climatique à plusieurs niveaux. Le lancement de la campagne a été mentionné dans 89 articles, y compris dans la presse multiculturelle. Une évaluation à plus long terme est nécessaire pour déterminer dans quelle mesure la campagne a réussi à convaincre le public d’appuyer l’action climatique.

**Conséquences** Une démarche de communication novatrice qui mise sur les liens entre les sciences du comportement et du climat et sur la collaboration multisectorielle peut stimuler à la fois l’action climatique et la protection de la santé, aidant ainsi les praticiens de la santé publique et leurs partenaires à communiquer efficacement l’urgence de l’action climatique. Il faut poursuivre les efforts pour faire comprendre que le changement climatique multiplie les inégalités, et promouvoir l’action climatique et la résilience des populations afin de réaliser des gains connexes sur le plan de l’équité en santé.

**Keywords** Climate change · Climate-related health impacts · Health communication · Climate action · Public health · Behavioural science

**Mots-clés** Changement climatique · incidences du climat sur la santé · communication sur la santé · action climatique · santé publique · sciences du comportement

## Introduction

Climate change has been defined as the biggest global health threat of the twenty-first century (Costello et al. 2009). The effects of widespread warming, such as heat waves, wildfires and flooding, are evident in many parts of Canada and projected to intensify (Bush and Lemmen 2019). The serious health implications call for urgent public health action on both climate mitigation and adaptation, including public awareness and capacity building (Austin et al. 2015). Public health units (PHUs) in Ontario are mandated to assess climate-related health impacts, communicate with the public on climate change, and orient public health interventions to decrease health inequities (Ontario Ministry of Health 2018). While several PHUs have developed communication materials focusing on one or more climate-sensitive health risks and have used a health equity lens to address climate risks (OPHA 2017), a 2019 survey of public health agencies across Canada revealed that only 52.9% of the Ontario respondents had engaged in climate change and health education and outreach with the public (SRC 2019).

A Canadian public opinion survey found that approximately half of the respondents thought that climate change would cause harm to them personally either “not at all” or “only a little”, with 57% of Ontario respondents feeling that climate change is already harming people. Of the respondents indicating they believed climate change would harm them “a great deal”, 23% did not speak French or English (Lachapelle and Boothroyd 2018). These findings, and the climate-related health risks already being observed in Ontario and across Canada, demonstrate the need for increased awareness and effective communication on climate change and health, targeting diverse audiences (Ebi et al. 2016; Howard et al. 2018).

## Intervention

In 2018, the Ontario Public Health Association (OPHA) developed an evidence-informed health-focused climate communication strategy with the goal of increasing public support for climate action. The project was funded by The Atmospheric Fund and brought together partners in the health and environmental sectors. It aimed to leverage information about climate-related health impacts to appeal to audiences concerned about health but not currently engaged in climate conversations. The development of the communication strategy included a literature review on public opinion and communications around climate change, a scan of the literature on climate-related health impacts of relevance to Ontario and testing of the key evidence-informed climate and health messages with target audiences.

Key learnings from the strategy development project included the importance of:

- Conveying messages that are not only evidence-based but also appealing and relatable to the target audience
- Ensuring that messages do not increase harm by increasing alarm without addressing factors over which the target audience have low control
- A clear and structured journey that takes the audience from interest to action
- A diversity of expertise coming together under a common mission to increase public support for climate solutions

Results from the strategy development project formed the basis for OPHA’s health-focused climate communication campaign—*#MakeItBetter*. The campaign was built on emerging research which suggests that framing climate change as a health issue is a promising practice (Kotcher et al. 2018). It targeted suburban parents of school-aged children with an emphasis on multicultural audiences in the Greater Toronto/Hamilton Area (GTHA). This geographic area and target audience were selected

to narrow the scope and allow the project team to observe elements of the campaign that could be scaled up for a provincial or national campaign.

The *#MakeItBetter* campaign was supported by a project advisory team, including representatives from local PHUs with mandates to address climate change and health inequities, organizations leading environmental justice, and organizations with access to clients and families with lived experience.

## Drawing on climate and health science to inform the campaign

The campaign messaging focused on three climate-related health themes: Lyme disease, asthma and heat-related health impacts. These themes were selected based on a number of criteria, including the availability of health data, the evidence on impacts of relevance to the geographic context and the target audience, the availability of health protective measures to reduce climate-related exposures, information gathered from “social listening”—what the public and media are talking about—and tangible links that could be communicated between the climate-related health impact and climate action at all levels.

Health data were retrieved from government websites and reports. Narratives and key messages were reviewed by expert sources, including local, provincial and federal public health agencies. The campaign narratives included both the health data and the link to climate change as reflected in Fig. 1.

## Incorporating behavioural science research into the campaign

The *#MakeItBetter* campaign was built on emerging research, including evidence that messaging must not only be accurate

and credible but also appealing and relatable to the audience, and that communication strategies must be careful not to increase harm by increasing alarm without addressing external factors over which target audiences have low control (Donaldson et al. 2010). Recognizing that climate change is an inequity multiplier (CAPE 2019) and that a number of factors, including race, ethnicity, socio-economic status and gender, may shape people’s attitudes and beliefs about climate change, as well as motivation to address it (Pearson et al. 2017), the *#MakeItBetter* campaign message narratives were screened to ensure that language was not amplifying inequities or assigning guilt or stigma to any segment of the population.

Research has shown that framing climate change through health messaging can elicit support for climate actions by tapping into value-based motivations (Howard et al. 2018), and that attitudes and opinions about climate change are sensitive to framing, socio-political acceptance and local factors (Donaldson et al. 2010; Harrington and Elliott 2015). According to the Health Belief Model, changes in health behaviours result from a mix of factors, including perceived susceptibility and severity of the health risk as well as perceived benefits and barriers of the health behaviour (Jones et al. 2015; Strecher and Rosenstock 1997). Supported by this model, the *#MakeItBetter* campaign’s health-focused messages sparked the interest of the target audience when themes tapped into what they were most concerned about and related back to a fundamental parenting value—protecting their children’s health. The value-based messaging served as a platform for climate conversations removed from the divisive dialogue often associated with political or economic discourse.

Testing messaging with the target audience is critical to understanding how the receiver will react or interpret the message (Donaldson et al. 2010; Harrington and Elliott 2015). The *#MakeItBetter* campaign message testing consisted of phone interviews with parents living in the GTHA of mixed

**Fig. 1** Health-focused climate communication campaign: 3 health themes—one tagline

Three climate-related health impacts illustrated with pictures of children at risk from heat-related illness, Lyme disease, and asthma



gender, age and self-reported first-, second- and third-generation immigration status. Messaging was also tested as part of national-level research led by Dr. Louise Comeau (unpublished) which investigated focus-group reactions to a series of climate-related messaging. This focus group consisted of participants of diverse demographic, income, education levels and political ideologies. Their reactions to the #*MakeItBetter* messaging were positive, with participants responding most to “asthma and Lyme disease messaging followed by heatwaves”. Message testing helped inform the project team’s decision on campaign theme selection in order to appeal to diverse groups.

### Building the campaign as an “audience journey”

The #*MakeItBetter* campaign was designed to take the audience on a journey—from learning about the health impacts of climate change to taking action to protect their children from climate-related health risks and to moving towards climate supportive actions on individual and broader societal levels—by taking the #*MakeItBetter* Pledge. The campaign aimed to mobilize climate action by first generating interest through health-focused messaging. The campaign’s tag line—*Together we can Make It Better*—emphasizes the need for collaboration and action at all levels to mitigate climate change.

### Framing messages to incorporate health equity benefits, community assets and accessibility

The campaign incorporated messages promoting the health equity benefits that could be achieved through climate action on transportation, food/agriculture, urban planning, and energy systems. Recognizing that communities with the greatest social capital and connectedness are more climate-resilient (O’Sullivan et al. 2013), the campaign promoted community-building resources (e.g., kitchen table climate conversations, community solutions portals), highlighted community assets (e.g., community climate hubs) and encouraged individual activism through messages such as, “engage in climate conversations in your community”, “start your own neighbourhood climate action group” and “become a change-maker in your community!”

Actions promoted through the #*MakeItBetter* campaign were designed for inclusivity—recognizing the range of abilities and circumstances among those being encouraged to take action. Actions move towards increasingly visible steps of demonstrating public support for climate action, such as becoming engaged in community initiatives or participating in policy discussions at the provincial level—recognizing that policy levers are needed to

make deep sustained changes in order to meet emission reduction targets (Howard et al. 2018).

The #*MakeItBetter* campaign promoted key messages with multicultural media to reach diverse linguistic audiences. Messaging was translated into Chinese, Punjabi, Hindi, Urdu and Arabic.

### Tapping into the expertise and interest of health professionals

The #*MakeItBetter* campaign also provided resources that could be leveraged by health professionals when interacting with colleagues or the general public. Social media kits were designed for partner organizations and included key campaign messaging that could be adapted to local contexts, such as PHUs’ climate and health communications.

The involvement of local public health professionals benefited the project with regard to being able to access content expertise and information. For example, public health practitioners from OPHA’s Environmental Health Workgroup and the Canadian Institute of Public Health Inspectors sat on the Advisory Committee to collect evidence on local climate-related health impacts, health protective measures and future projections; liaise with local, provincial and federal public health agencies; and provide advice on campaign narratives to ensure they were evidence-informed and consistent with existing public health messages being sensitive to health inequities.

### Outcomes

The #*MakeItBetter* campaign was launched in August 2019 and reached a wide audience. The launch included a website, press release and social media kits. Exclusives were offered to two top-tier media outlets: CBC Metro radio (broadcast) and the Toronto Star (print). Securing exclusive stories with these media outlets reinforced the significance of the campaign in the public consciousness, and as a result, several other top-tier and local media outlets picked up the story.

The campaign secured 47 news stories in English and French with a total audience reach of 10,507,100. Exposure included national media coverage in CBC News, Global News, Radio-Canada, CityNews and CTV News as well as local media coverage throughout the target region of Ontario. The campaign secured multicultural coverage in two Chinese publications, which contributed to reaching target audiences of first- and second-generation parents in the GTHA. The campaign reached another 1,790,600 in a variety of other languages through 42 stories that appeared in multicultural media.

Social media kits developed for partner organizations helped increase the reach of the campaign, resulting in



additional click-throughs to the website. The kits included unique URLs for each organization's social media channels, template copy for social media posts suitable for LinkedIn, Twitter and Facebook, and images to accompany social media posts. The unique URLs allowed the project team to track website traffic, which provided insight into how successfully the campaign was performing. Partner organizations shared the *#MakeItBetter* campaign messages through social media and professional networks, reaching public health professionals and stakeholders across the province. For example, circulation by the Association of Supervisors of Public Health Inspectors in Ontario reached environmental health managers in all 34 PHUs across Ontario.

Metrics that continue to be monitored include website usage, media reach and quality of coverage, as well as social media metrics. Paid aspects of the social media strategy are being observed in relation to organic posts. Election advertising rules restricted paid media strategies during the 2019 federal election period.

The selection of health themes was an important factor in the campaign's success in terms of media uptake. While the campaign was under development, the project team observed that health impacts were rarely discussed in relation to climate change in the general media. Social listening performed by the *#MakeItBetter* project's communication partners identified that popular health topics among parenting groups included Lyme disease, asthma, heat stroke and mould. Interestingly, the former three themes have seen increased coverage since the development of the *#MakeItBetter* campaign. As an example, both Lyme disease and asthma were mentioned in a news headline, where youth believe so strongly in the link between health and climate change that they are litigating against the Federal Government around climate concerns (Seucharan 2019).

## Limitations and potential opportunities

During the development of the campaign, budget and timelines restricted the ability to comprehensively pretest the messaging. While testing helped to inform the campaign, testing repetitively with edited narratives and with a broader sample of the target audience would have increased the ability to incorporate a wider range of perspectives, including those experiencing health inequities. Budgets also restricted ability to translate all the website and social media material into multiple languages.

While the campaign was effective in terms of reach, there was limited ability to address health inequities or to evaluate the campaign's effectiveness in terms of contributing towards societal outcomes such as changes in knowledge, awareness or attitudes, or public support for climate action policies. Future campaigns would benefit from perspectives of lived experience to tailor communications in culturally relevant ways, particularly with

the focus of empowering individuals to leverage individual activism, community assets and their democratic rights.

Mobilizing the health community was a key aspect of this campaign as health professionals hold important roles as trusted messengers of health information. The campaign faced some timeline constraints in pushing to launch during summer months when the themes were most relevant to the public audience. Consequently, there was limited lead time to engage health professionals, which affected the campaign's ability to secure pledges from the health community prior to the public launch.

Another limitation of the project was the constrained ability to include certain themes because of difficulties in sourcing data directly linking health to climate change. Despite emerging themes of importance to Ontarians, there were not always data available to tell the story that seemed most in need of telling. For example, heat-related illness and deaths are not tracked comprehensively through active surveillance (CMA and CPHA 2018) and there are limited data on the prevalence and severity of other climate health-related impacts such as mental health and water-borne illnesses in terms of their linkages to extreme weather events. A recommendation for public health is to advocate for increased consistency in surveillance and reporting on standardized health indicators for all climate-related health and health equity impacts.

Additionally, while multicultural audiences were considered throughout the campaign, more work is needed in future phases of the campaign to ensure that broader health inequities are addressed, such as by identifying barriers and providing supports so that those disproportionately impacted by climate change have the tools to participate in climate action and the ability to provide health protection for their families.

## Implications for practice

The success of the *#MakeItBetter* campaign, measured in terms of traditional and social media coverage and engagement of public health and healthcare partners, demonstrates its relevance and usefulness to public health practice in areas of climate communication and healthy public policy. Longer-term evaluation is required to determine its effectiveness in achieving climate action (e.g., local and broader level action to reduce greenhouse gases and mitigate climate change) and health protection (e.g., action to increase individual and community resiliency to climate-related health risks). More work is needed to support public health practice in addressing health inequities through climate communication and climate action.

The *#MakeItBetter* campaign is innovative in that it:

- Frames climate change first and foremost as a health issue
- Targets parental audiences not previously engaged in climate conversations

- Focuses on the impact on children’s health
- Draws on the intersection between behavioural science and climate science
- Includes resources and supports for both the target audience and public health and healthcare professionals.

The #*MakeItBetter* campaign has been shown to be a helpful, ready-to-use resource for health sector partners looking for ways to communicate on climate and health with their clients and to promote climate action through their networks. The #*MakeItBetter* campaign can support health sector partners in addressing health protection and climate action through:

- Developing the health sector’s capacity to engage other sectors to further healthy public policy
- Helping PHUs/professionals in Ontario meet their mandate to effectively communicate with the public on climate change and reduce exposure to health hazards
- Providing a health community resource kit containing FAQs, climate-related health risks and health protective messages
- Leveraging existing communication strategies
- Building collaborations across sectors to address local climate action.

## Conclusions and next steps

The urgency for climate-informed citizens and health professionals to mobilize for climate action has never been stronger. Health-focused climate communication campaigns such as #*MakeItBetter* can be powerful tools for PHUs to achieve their mandate—protecting residents from climate change health impacts, increasing awareness of the need for collective action to mitigate climate change, and addressing health inequities. The campaign can also leverage the work of the broader health sector and community partners for climate action.

OPHA’s #*MakeItBetter* project team/partners will continue campaign efforts focusing on increasing stakeholder engagement and maximizing the impact towards behaviour and policy change. Evaluation studies (D’Souza et al. 2011; MacIntyre et al. 2019) and the Health Belief Model (Jones et al. 2015; Strecher and Rosenstock 1997) demonstrate that behaviour change theories, risk communication and health promotion strategies commonly employed by the public health sector hold potential for moving beyond engagement and towards action. More research is needed to explore how health framing and efforts to motivate action through health promotion strategies can help to empower individuals and build community resilience around climate change. Future value-based health campaigns may seek to understand how to move from individual action towards shifting social norms for progress on climate targets.

Future campaigns will identify opportunities to better engage marginalized communities, incorporate knowledge and stories of those with lived experience, and call attention to the urgency of protecting those disproportionately at risk of climate-related health impacts as a result of existing gaps in health equity—*Together we can Make It Better*.

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## Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflict of interest.

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