Valley Fever Awareness Campaign, 2019-2020
Executive Summary

Prepared by Fraser Communications for the California Department of Public Health

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Campaign Background

Valley fever (also called coccidioidomycosis or "cocci") is an infectious disease caused by the *Coccidioides* fungus that lives in the soil and dirt in certain areas of California and the southwestern United States. If a person breathes in this fungus from dust in the air, it can infect the lungs, causing symptoms such as cough, fever, chest pain, or fatigue. Some people with Valley fever may develop severe disease, which may require hospitalization. In rare cases, the infection can spread beyond the lungs to other parts of the body (this is called disseminated Valley fever). Valley fever can result in death. Getting diagnosed early may lead to earlier appropriate disease management and improve patient outcomes.

In California, the number of reported Valley fever cases has greatly increased in recent years. Since 2000, the number of cases has increased from less than a thousand cases to more than 7,500 cases in 2018. The highest Valley fever incidence rates are reported in counties in the Central Valley and Central Coast regions of California, including Kern, Kings, San Luis Obispo, Fresno, Tulare, Madera, and Monterey counties. Nearly 64% of the coccidioidomycosis patients in 2017 resided in one of these counties, with 37% residing in Kern County. However, the largest increases in rates of Valley fever have occurred in the Northern San Joaquin Valley, the Central Coast, and the Southern Coast.

To address this increase in Valley fever cases, Assembly Bill No. 1790, approved by Governor Jerry Brown on September 11, 2018, provided resources for the California Department of Public Health (CDPH) to create a Valley fever awareness campaign to communicate with local health jurisdictions, healthcare providers, and the public about Valley fever. CDPH partnered with Fraser Communications ("Fraser") to develop and execute this campaign for 2019-2020.

In 2019 at the start of creative development for the campaign, it was established that approval times for developed messaging and ads might be extended, causing the shifting of start dates and activities throughout the campaign launch. The protracted approval time was exacerbated by the start of the Coronavirus Disease 2019 (COVID-19) pandemic in early 2020, which further delayed implementation of campaign ads and messaging. In addition, public awareness was taken up with COVID-19, which has similar symptoms to Valley fever, and social restrictions created an extremely challenging environment for continued communications. Although the core of the paid media planning was executed, the Valley Fever Awareness Campaign was eventually ended earlier than planned in 2020.

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Campaign Goals and Objectives

The goal of the campaign was to increase awareness of Valley fever and its symptoms across California, including as priority audiences 1) populations most at risk for becoming infected or developing a serious illness, and 2) healthcare providers who might see patients with Valley fever. The intent of this effort was to encourage patients and providers to think of Valley fever earlier in the illness so that earlier diagnosis and appropriate disease management could lead to improved health outcomes.

Communication objectives of this campaign included:

- Educate Californians, particularly those in specific geographic and demographic populations, about Valley fever, how it is contracted, and its symptoms and risks.
- Motivate those experiencing persistent symptoms to learn more about the disease, see a healthcare provider, and ask if they could have Valley fever.
- Increase awareness of Valley fever among employers whose employees work outdoors in high-incidence areas, especially those performing or near those performing soil disruptive work. Motivate these employers to implement prevention measures, train their employees about Valley fever risks, and provide medical evaluation (or ensure that medical evaluation is provided) to workers who report symptoms.
- Increase the awareness of Valley fever among primary care providers, including practitioners of family/general practice, internal medicine, obstetrics/gynecology, pediatrics, and occupational medicine.
- Provide local community partners with tools to extend the messaging of the campaign and address the needs of local populations.

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Executive Summary — Campaign Highlights

1. **Formative Qualitative Research, July – August 2019**

   Three 90-minute informational listening sessions were conducted in July 2019 with 20 health professionals and communicators in Kern, Fresno, and Los Angeles counties.

   - Key findings from the listening sessions included: low levels of Valley fever awareness among high-risk groups and healthcare providers, misinformation about Valley fever and how people can get it, lack of clear prevention strategies or easy steps for risk reduction, no clear guidance for employers, and need for consistent statewide messaging.

   Twelve 2-hour focus groups were conducted in August 2019 with 102 adult participants residing in high-incidence Valley fever counties (Fresno, Kern, Los Angeles, San Luis Obispo, and Tulare).

   - Key insights from the focus groups included: high awareness of Valley fever in participants from high-incidence counties and low awareness in Los Angeles County participants, basic understanding of disease among many participants familiar with Valley fever, and some uncertainties about some disease aspects, including how Valley fever is spread and who is susceptible.

2. **Campaign Implementation, September 2019 – June 2020**

   A pilot social media campaign was launched in September 2019 with a focus in high- and moderate-incidence counties. The pilot was expanded into an interim media campaign and included social media and digital banner ads that ran through January 2020. The interim campaign segued directly into a full, multimedia campaign that expanded on social and digital media components and included broadcast television, radio, and out-of-home media elements. The full, multimedia campaign ran from January 2020 through April 2020, with limited location-based and radio media active through June 2020. For all campaigns, targeted audiences included populations at risk of getting Valley fever or developing severe disease, healthcare providers, employers, and the general public.

   The campaign initially used "Think Valley Fever" messaging in late 2019 and transitioned in January 2020 to using the foundational "Could Be Valley Fever" message in multiple media types, including television, radio, out-of-home, digital banner ads, and social media. Some media highlights include:

   - Throughout the entire 2019-2020 campaign, 50,958,198 total impressions were delivered, meaning the messaging from the campaign was viewed or heard by audiences almost 51 million times

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- In the counties with the highest rates of Valley fever (Kern, Fresno, San Luis Obispo, Kings, Tulare, Merced, and Monterey), 82% of adults between the ages of 25-54 who were surveyed saw on television or heard a campaign message on the radio an average of 4.9 times.
- From digital banner ads and social media ads, there were 174,127 clicks to the CDPH Valley fever website, which provides in-depth information about Valley fever.
- The rate at which users clicked on campaign digital banner ads to visit the Valley fever website was 250% above the average click-through rate for similar government initiative online banner ads, showing that the campaign messaging was relevant, impactful, and attention-getting.
- The rate at which users clicked on social media ads on Facebook and Instagram to visit the Valley fever website was 200% above the average social media ad click-through rate for similar government initiatives, showing that the campaign messaging was effective on social media platforms as well.
- Through strategic media negotiations and planning to secure added value (media value or impressions delivered above the original estimated/purchased numbers, at no additional cost), Californians viewed or heard messaging an additional 17.9 million times at no cost to CDPH, a media value of $109,702.

3. Pre- and Post-campaign Evaluations, September – October 2019 and May 2020

A questionnaire was developed to survey residents in the seven high-incidence counties (Kern, Kings, Fresno, San Luis Obispo, Tulare, Madera, and Monterey) and other counties in California to determine the effectiveness of the campaign with respect to knowledge and awareness. In the pre-campaign evaluation during September and October 2019, a total of 1,457 respondents completed the survey. For the post-campaign evaluation during May 2020, a total of 1,454 respondents completed the survey. Some key findings from the pre- and post-campaign evaluations include:

- Overall awareness for Valley fever (having heard of Valley fever) among survey respondents did not change between the pre-campaign survey (59.9%) and the post-campaign survey (61.1%).

- Significantly higher levels of awareness, 24.9% (range 14.2% - 40.0%), were seen among respondents from the seven high incidence counties compared to 16.9% among respondents from other counties.

- Campaign awareness was higher among targeted population groups, including residents in high-prevalence counties, individuals at risk for severe disease (e.g.,

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pregnant women, people with diabetes or weakened immune systems), males, people who are Black or African American, and Spanish speakers.

- Significantly more respondents with campaign awareness (25.3%) indicated they would ask a medical professional about Valley fever if they were experiencing symptoms compared to unaware respondents (8.5%).

- Knowledge about Valley fever was generally greater among respondents aware of the campaign, compared to unaware respondents, with respect to what Valley fever is, groups most affected by Valley fever, and areas of California where Valley fever is most common.

It is worth noting that these results were obtained despite an overwhelming change in the competitive landscape for unaided awareness of health messages caused by the advent of COVID-19.

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