



**U.S. Department of Health and Human Services
Health Resources and Services Administration**

REPORT TO CONGRESS

**POISON HELP CAMPAIGN
Fiscal Year 2013**

Executive Summary

This Fiscal Year 2013 Report to Congress on the Poison Help Campaign is in response to 42 U.S.C. §300d-72, as amended by The Poison Center Network Act (P.L. 113-77), which states in part:

“The Secretary shall establish baseline measures and benchmarks to quantitatively evaluate the impact of the nationwide media campaign, and on an annual basis, prepare and submit to the appropriate committees of Congress, an evaluation of the nationwide media campaign.”

The Health Resources and Services Administration’s Poison Control Program (PCP) plays an important role in ensuring universal access to poison control centers (PCC) services. The PCP is legislatively mandated to provide grant funds to PCCs, establish and maintain a single national toll-free number (Poison Help: 1-800-222-1222) to access PCC services, and implement a nationwide media campaign.

The purpose of the Poison Help Campaign is to increase awareness among the public and health care providers of PCCs, the services they provide, and the Poison Help line. Additional objectives are to raise awareness of the Poison Help English and Spanish language websites, increase media focus on the Poison Help line, and partner with organizations that reach primary audiences.

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Acronym List

BHW	Bureau of Health Workforce
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
DOJ	Department of Justice
HRSA	Health Resources and Services Administration
NPPW	National Poison Prevention Week
OPAE	Office of Planning, Analysis, and Evaluation
PCC	Poison Control Center
PCP	Poison Control Program
SAMHSA	Substance Abuse and Mental Health Services Administration

I. Legislative Language

This report is being provided to Congress as outlined in 42 U.S.C. § 300d-72, as amended by P.L. 113-77, the Poison Center Network Act. The Poison Center Network Act states in part:

“The Secretary shall establish baseline measures and benchmarks to quantitatively evaluate the impact of the nationwide media campaign, and on an annual basis, prepare and submit to the appropriate committees of Congress, an evaluation of the nationwide media campaign.”

II. Introduction

The Poison Help Campaign seeks to increase awareness of poison control centers (PCC), the services they provide, and the toll-free Poison Help line (1-800-222-1222) among the public and health care providers alike. Additional campaign objectives are to:

- increase awareness of the Poison Help websites www.PoisonHelp.hrsa.gov and www.PoisonHelpEspanol.hrsa.gov;
- increase the number of traditional and social media impressions focused on the Poison Help line;
- increase the number of traditional and social media impressions focused on the Health Resources and Services Administration’s (HRSA) poisoning prevention resources; and
- develop and sustain partnerships with organizations that influence target audiences.

Activities designed for the Poison Help Campaign often take several years to plan, develop, implement, and evaluate. Outputs of the campaign activities, such as media impressions, are continuously tracked and reported. Awareness outcomes and specific behavior changes or improvement impacts of the campaign are assessed through the Poison Help Campaign General Population Survey, which is fielded every 5 years.

The Poison Help Campaign General Population Survey is a representative sample of 2,000 Americans designed to assess awareness of the Poison Help line to access poison exposure or information services, awareness and knowledge of campaign messaging, and awareness and knowledge of PCCs and the services they provide. The Poison Help Campaign General Population Survey ensures that HRSA meets its mandate to evaluate the impact of the nationwide campaign. The results of the national population-based survey serve as the quantitative method for evaluating the campaign.

The Poison Help Campaign General Population Survey provides HRSA with data on variations in awareness and use of the national toll-free number. These data also suggest which campaign messages about the Poison Help line or other available PCC services have resonated most strongly with various audiences. Results are then used to make comparisons with past and future activities and to make improvements to future campaign efforts.

HRSA only conducts the survey every 5 years, due to budgetary constraints. The 5-year cycle allows for a more thorough evaluation of the campaign and comparisons with previous data. According to community-based social marketing literature, audience impact of a media campaign may ripple into the future, so measuring changes immediately following a campaign may not capture the full long-term effects. It takes longer to see the effects of campaigns because it can take repeated exposure to the message over time to see changes in behavior. Therefore, if evaluations to measure outcomes are conducted too soon they could draw the wrong conclusion about effects. Additionally, campaign outputs are relatively easy data to obtain and track; however, more sophisticated higher-order evaluation metrics are more difficult to ascertain and require a greater amount of time and money.

Since 2011 is the most recent year for which national population-based survey data are available, the fiscal year (FY) 2013 report does not include quantitative measures, but rather details the campaign's FY 2013 activities. Results from the 2011 Poison Help Campaign General Population Survey were previously reported in our FY 2012 report, and can be found in Appendix B of the FY 2012 report, at <http://poisonhelp.hrsa.gov/the-poison-help-line/campaignfiscalyear2012.pdf>.

III. FY 2013 Poison Help Campaign Activities

The campaign activities described below were completed during this reporting period. The goal was to raise awareness about the availability of poison control resources in local communities and to advertise the nationwide toll-free Poison Help number through website promotion and partnership building. This section includes activities that were continued or expanded upon and newly developed activities targeting parents of children 5 years or under, older adults, and Spanish-speaking communities.

Website Promotion

The Poison Help websites, www.PoisonHelp.hrsa.gov and www.PoisonHelpEspanol.hrsa.gov, are routinely updated to improve both utility and accuracy. The websites recorded an approximate 22 percent increase in traffic over the previous year, with an average of three or more page views per visitor. Both social media and direct referrals represented a significant contribution to overall website traffic.

A major addition to the website in 2013 was the newest web video to increase awareness of Poison Help. The video, produced in English and Spanish, joined four existing poisoning scenario videos featured on the website. The new video highlights the services that PCCs provide and encourages people to program the Poison Help number into their phones. In addition to the call to action, the video emphasizes the benefits of using Poison Help: services are free and confidential, available 24 hours a day every day of the year, and health care professionals handle all calls.

Input from the public and the PCCs were critical to the development of the new web video. In FY 2013, the Poison Control Program (PCP) secured a communications contractor to assist with the video production. The contractor designed two video concepts, and subsequent storyboards,

to be focus group tested among consumers. Prior to conducting the focus groups, the program solicited recommendations and feedback from PCC educators on the creative concepts and storyboards. Based on the professional feedback of the educators, several image and script refinements were completed. Additionally, the PCP worked collaboratively with the HRSA Office of Planning, Analysis, and Evaluation (OPAE) to conduct focus groups to obtain reactions to the video concepts from HRSA staff. OPAE staff moderated the group, and volunteers across various bureaus and offices participated. The revised storyboards and Office of Management and Budget-approved moderator's guide were then used during four in-person, consumer focus groups. The qualitative voluntary focus groups were conducted in traditional market research facilities. Two English-speaking groups were held in Silver Spring, Maryland, and two Spanish-speaking groups were held in Stafford, Texas.

All 29 focus group participants were females who were either caregivers of family members or parents of children 5 years or under and had an annual household income of less than \$75,000. The same bilingual moderator conducted all of the focus groups to ensure the best possible comparisons from group to group. The moderator read through both creative concepts, detailed the visual components, and provided explanations where necessary. Respondents were asked open-ended questions to elicit feedback regarding their understanding of the concepts and the appropriateness and efficiency of the messages and illustrations. Finally, respondents were asked to grade and compare the two video concepts. At the conclusion of the focus group testing, one concept was the unanimous favorite for three of the four groups. Being recognized as most likely to prompt viewers to program the Poison Help line into their phones and to call the Poison Help line, if necessary, the PCP produced a video reflecting the winning concept. The video, "Making Connections," is available for download at HRSA's YouTube channel and will be promoted on HRSA's Facebook and Twitter accounts.

Promotion for the web video will focus on new media outlets. HRSA will unveil promotional content, such as social media posts and tweets, and pitch articles and emails, tailored to relevant government and private sector organizations with a health and safety focus. Additionally, the video will be distributed electronically to parent, health, and caregiver bloggers. It is anticipated the video will be used widely by the PCCs to expand awareness of Poison Help. As the video was published during the last 5 days of this reporting period, there are no significant data to provide. Further detail related to the distribution and promotion efforts for the web video will be provided in the FY 2014 report.

All educational materials, whether print or electronic, are made available on our website, at www.PoisonHelp.hrsa.gov/resources/materials/index.html. In FY 2013, nearly 250,000 Poison Help materials were ordered by and distributed to schools, hospitals/clinics, childcare facilities, faith-based organizations, and government organizations across the country.

Partnership Building

Partnerships enhance the PCPs' ability to meet its goals and expand the reach of its messages. The very relationships between the PCP, the local PCCs, and other national organizations are the foundation that supports program efforts. In FY 2013, the PCP primarily focused on HRSA-specific partnerships.

The PCP worked closely with HRSA Bureaus and Offices to promote PCCs and the campaign to our grantees and other constituencies. The Bureau of Health Workforce (BHW), through the National Health Service Corps Program, promoted PCC services to clinicians through their Corps Connections electronic newsletter, website, and social media platforms. To observe National Public Health Week, the PCP provided educational materials to BHW's Office of Global Health Affairs, which coordinated a literature display of Agency public health programs. The PCP worked with the Bureau of Primary Health Care to help ensure that the health centers not only have Poison Help information for their patients, but also rely on PCCs for providing information on emerging hazards and locally relevant information. Expanded partnerships with the Maternal and Child Health Bureau led to collaborative promotional efforts with the Early Childhood Comprehensive Systems programs and HRSA's Office of Women's Health. The PCP also worked with the Office of Communications to leverage the Agency's communication vehicles to disseminate poison control messages to the public, grantees, and employees through the HRSA website, broadcast announcements, and HRSA Twitter and Facebook posts.

In addition to internal HRSA efforts, the PCP partnered with other federal agencies, such as the Centers for Disease Control and Prevention (CDC), Food and Drug Administration, Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Medicare and Medicaid Services (CMS), and the Department of Justice (DOJ) to cross promote programs and leverage existing resources to further expand Poison Help message delivery. For example, HRSA helped publicize the *Up and Away and Out of Sight* campaign of the CDC-initiated public-private PROTECT Initiative, which aims to keep medications away from children and reduce poisonings. The campaign includes the Poison Help number and encourages parents and caregivers to program the number into their phones. The SAMHSA Opioid Overdose Toolkit to educate first responders, physicians, patients, family members, and community members on ways to prevent opioid overdose and overdose-related deaths, was shared with the American Association of Poison Control Centers who in turn sent it to PCC managing and medical directors, specialists in poison control, and educators. HRSA participated in the DOJ's Drug Enforcement Administration National Prescription Drug Take-Back Days, which dispose of drugs in environmentally-responsible ways and decrease the supply of unused prescription drugs in the home. Poison Help materials were provided to federal partners who wished to include PCCs as a resource for medicine safety questions. The PCP shared partnership tools with PCCs interested in setting up their own collection activities.

HRSA also helped to coordinate federal efforts to celebrate National Poisoning Prevention Week (NPPW). Recognized during the third week of March, NPPW is dedicated to raising awareness about the dangers of poisoning. Cultivating long-term, mutually beneficial relationships with additional HRSA programs resulted in expanded promotion of NPPW. For example, PCP-developed messages were shared by the National Resource Center for Health and Safety in

Child Care and Early Education, the HRSA-funded National Center for Family/Professional Partnerships, and the American Academy of Pediatrics' Healthy Child Care America Program.

Additionally, the PCP often serves as a liaison to facilitate education and information sharing opportunities amongst the PCCs and appropriate stakeholders. For example, the PCP hosted several calls with the CMS Quality Improvement Organization serving American Samoa and Guam and the respective PCCs to promote PCC services and materials distribution to healthcare providers, practitioners, and citizens. A presentation for staff to learn about the pre-hospital partnership opportunities and strategies for collaboration employed by four PCCs was initially offered at the 2012 North American Congress of Clinical Toxicology. The PCP also held a webinar after the meeting to ensure that all PCCs had the opportunity to learn about these partnerships and collaboration strategies. Presenters discussed the 911/Emergency Medical Services/PCC relationship, which included information on emergency medical dispatching as it relates to poisoning, cost savings, relationship building, program development and evaluation, survey and focus group research, and implementing a standardized protocol and procedure for 911 dispatchers calling a PCC.

IV. Conclusion

The campaign's outreach efforts in FY 2013 heightened awareness of the PCP message. HRSA will work to sustain existing strategic communications efforts and expand them where possible. The campaign will continue to coordinate its primary messages with key constituencies, identify opportunities for cross promotion with other federal poisoning prevention activities, and encourage individuals to program the Poison Help line into their phones to ensure that the number is easily accessible. New strategies will be based on cost-effectiveness and maximum reach and evaluated to continually improve results.