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US Centers for Disease Control and Prevention's *HEADS UP* Branding and Evaluation Process

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Abstract

Background: For 15 years, the US Centers for Disease Control and Prevention's (CDC) *HEADS UP* education campaign has focused on increasing awareness of concussion among children to reduce adverse outcomes from this injury.

Objective: To keep pace with the rapid expansion in media coverage, research, state laws and education efforts on concussion, the CDC embarked on a comprehensive evaluation effort to assess the campaign's brand.

Method: The CDC conducted a multi-step process to evaluate *HEADS UP*. This included surveying partner organisations and focus groups targeting key audiences.

Results: The analysis demonstrated that most (70%) partner organisations have used the materials for 4 years or longer and more than half (51%) found the materials very useful or extremely useful. Focus groups with the campaign's target audiences yielded insights and opportunities to refresh the CDC *HEADS UP* brand. The need for more compelling images, prevention facts and use of eye-catching colours was signaled by all the campaign's target audiences. Updates focused on the use of data visualisation, more emotionally compelling images, and more engaging colours. The CDC also created a new tagline to focus on concussion prevention that encourages children and young people to think about protecting their brains from concussion so they can have a safer future.

Conclusion: This paper describes the process used to update the branding of an educational health promotion campaign in order to meet the needs of key audiences. Findings can help others working to keep their educational campaigns relevant and aligned with an expanding and changing public health problems.

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Conflicting Interests

The authors declare that there is no conflict of interest

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Keywords

health communication campaign; brands; concussion education; *HEADS UP*; public health

Introduction

Nearly two decades ago, a national survey conducted by the Brain Injury Association of America found that one in three Americans were unfamiliar with the term “brain injury” (Brain Injury Association of America, 2000). Limited public awareness, coupled with the inability to visibly see the problems that result from concussion and other traumatic brain injuries (TBI), led the US Centers for Disease Control and Prevention (CDC) to draft a report that described this injury as a “silent epidemic” (Langlois et al., 2005).

To help improve public awareness about TBI including concussion, congress passed the Children’s Health Act (H.R. 4365; Children’s Health Act, 2000). This Act charged the CDC’s National Center for Injury Prevention and Control (NCIPC) to, in part, implement a public information campaign to broaden public awareness of the health consequences of TBI. In response, the CDC launched the *HEADS UP* campaign in 2003 (www.cdc.gov/headsup). Central to the campaign was the need to improve identification and response to concussion and other TBIs and help reduce the risk for adverse outcomes from this injury. To do this, CDC translated the latest concussion science into educational products that ranged from videos and fact sheets to public service announcements (PSAs) with professional athletes and mobile applications (app) for use by children and parents. Since the initial launch of the campaign, and coinciding with a significant expansion of media coverage, research, state laws and education efforts on concussion, CDC *HEADS UP* grew to encompass a series of audience-based educational initiatives for healthcare providers, coaches, school professionals, parents and athletes.

To help ensure broad dissemination of the *HEADS UP* messages and materials, the CDC utilised a broad mix of campaign tactics. Additionally, the CDC built an extensive network of partner organisations, including federal agencies, medical societies and national organisations focused on youth, school and sports, to help disseminate and integrate *HEADS UP* materials and messages into existing concussion education efforts nationwide. These partner organisations extended the reach and impact of the CDC *HEADS UP* campaign to their respective audiences.

Previous evaluations of the *HEADS UP* campaign have demonstrated positive effects on knowledge, attitudes and intentional behaviours concerning concussion identification and response among healthcare providers, parents, youth and high sports coaches. Zuckerbraun et al. (Zuckerbraun et al., 2014) evaluated use of the Acute Concussion Evaluation (ACE) assessment form and care plans in the *HEADS UP* materials for healthcare providers. Researchers found that the ACE tools could be implemented in the emergency department setting and resulted in increased patient follow-up, as well as improved recall of and adherence to emergency department discharge recommendations by both parents and school professionals (Zuckerbraun et al., 2014). An evaluation study of the CDC *HEADS UP* materials for high school coaches (Sarmiento et al., 2010) found after reviewing the

materials, that 38% of coaches reported making changes in how they dealt with concussion, such as placing more emphasis on training techniques and safety equipment that minimise the risk of concussion. Half of coaches (50%) in this same study reported viewing concussion more seriously after reviewing the materials (Sarmiento et al., 2010). Similarly, in another study of youth sports coaches, three-quarters (77%) reported being better able to identify athletes who may have a concussion, and half (50%) reported learning something new about concussion, after reviewing the materials (Covassin et al., 2012).

Since CDC *HEADS UP* first launched, awareness of concussion has grown significantly, especially among members of the sports community (Sarmiento et al., 2017a). A survey by Bloodgood et al, found that more than four out of five youth athletes and parents reported that they had heard about concussion (Bloodgood et al., 2013). Access to educational tools has also supported improved concussion knowledge among coaches (Parker et al., 2015). However, research on the current landscape of concussion awareness suggest that solely focusing concussion education on identification and response is no longer enough (Kroshus et al., 2015a; Rivara and Graham, 2014; Sarmiento et al., 2017a). Instead, greater focus needs to be placed on preventing concussion, as well as concussion-related behaviours influenced by social and cultural factors, such as the internal and external pressures that contribute to an overall concussion culture (Sarmiento et al., 2017b; Rivara and Graham, 2014; Kroshus et al., 2015b).

Thus, in 2015, CDC embarked on a detailed five-step process to evaluate the campaign's brand, including the logo, tagline and materials, with the ultimate goal of transitioning *HEADS UP* from an awareness campaign to a campaign that also promotes concussion behaviour change and a culture of safety and prevention. Evaluating the *HEADS UP* campaign was hoped to ensure that the campaign continues to meet the evolving needs of its audiences (healthcare providers, coaches, school professionals, parents, and athletes) and its partnership network.

Branding in public health is a relatively new concept, especially for brands that incorporate a social marketing approach (Evans et al., 2008; Luca and Suggs, 2013; Asbury et al., 2008). This type of branding uses commercial marketing techniques based on behavioural theory to influence knowledge, attitudes and health behaviour. CDC defined the *HEADS UP* brand as encompassing everything that *HEADS UP* represented to the campaign's target audiences, including its functional (e.g., where and how audiences interact with it) and emotional (e.g., feelings that it evokes) attributes. The goal in using a social marketing strategy for a public health brand is to increase the probability that individuals will adopt a healthy lifestyle that includes health promoting and disease preventing behaviours (Evans et al., 2008; Grier and Bryant, 2005). CDC applied this approach to identify opportunities to improve concussion-related behaviour among the campaign's target audiences and refresh the CDC *HEADS UP* brand to implement these strategies.

This paper describes the detailed evaluation process used to evaluate and refresh the *HEADS UP* brand and messages. Having a powerful brand is essential for the programme to continue to grow and to provide sound, relevant, and actionable information that can help keep children and teenagers safe and healthy. Findings from this paper can help inform the work

of other educational campaigns seeking to stay relevant and at pace with audience needs for an expanding and changing public health problem.

Method

In 2015, CDC awarded a contract to ICF international in 2015 to conduct a CDC *HEADS UP* branding evaluation (contract number: GS-23F-0115K). This evaluation study was approved by ICF's internal Institutional Review Board and the Office of Management and Budget #0920–0572. To conduct the evaluation, CDC used a multi-step process (Figure 1). This consisted of 5 steps:

Step 1: Conduct Survey analysis with Partners

First, CDC conducted a web-based survey with *HEADS UP* partner organisations to obtain feedback on their use, perception, and dissemination of the *HEADS UP* materials between September and November of 2016. Details on the survey questions are presented in Table 1. CDC sent out a request to approximately 350 organisations that were part of the CDC *HEADS UP* campaign partnership network to gauge their interest in evaluating the campaign. Of those partners invited to participate, 150 organisations responded and provided consent to complete the survey, of which 114 ultimately did, with a response rate of 32.5%. Participants that consented to the survey represented a broad range of organisations, including nonprofits, sports programmes or leagues, youth organisations, hospitals or clinics, and school systems and was consistent with the overall composition of the CDC *HEADS UP* partner network. Survey completion took approximately 15 minutes.

Step 2: Evaluate the existing CDC *HEADS UP* brand, including materials and logo, with the target audiences

To gain feedback and identify areas for improvement on the existing *HEADS UP* brand, separate focus groups were conducted using an online platform with each of the campaign's five target audiences: healthcare providers, schools professionals, coaches, parents and athletes. Participants provided their impressions of the overall look and feel of the existing brand and gave feedback on the clarity and readability of the content. In addition, participants provided input on what actions (if any) the materials prompted them to take. Each focus group was 90 minutes in length.

Seventeen young athletes (ages 12–18), 17 youth and high school coaches, 16 parents (of children ages 12–18 who played sports), and 19 school professionals (including school nurses, teachers, and school psychologists and counsellors who work in a K-12 setting) participated in the focus groups, creating a total of 69 participants. Each group consisted of 2–4 participants from the same audience, which provided a setting for every person to discuss and share in-depth input on the topics. In recruiting participants, we strived for racial, ethnic and geographic diversity-targeting participants from each census region. More details about recruitment are published elsewhere (Sarmiento et al., 2019c; Sarmiento et al., 2019b; Sarmiento et al., 2019a).

Step 3: Develop a brand positioning statement, brand promise and creative brief

Based on the findings in Steps 1 and 2, CDC developed a brand positioning statement, brand promise, and creative brief for a refreshed CDC *HEADS UP* brand. The brand positioning statement includes four components: the target audience, the place in the market, benefits and the reason to believe. The brand promise articulates, “What *HEADS UP* promises to deliver to its five audiences.” The creative brief provided guidance and insights to inform the updated designs and content for the CDC *HEADS UP* brand based on evaluative findings.

The creative brief was described in the survey analysis and focus group findings. It also included the following components:

- the purpose of CDC *HEADS UP* (e.g., it’s value),
- common audience assumptions, barriers, motivators and social norms
- a clear list of target audiences
- channels for reaching the target audiences
- behaviour change objectives
- tone and intended impressions

Step 4: Conduct follow-up testing with a second round of focus groups to assess the updated materials, brand and logo

Using the creative brief as a template, CDC developed a revised *HEADS UP* brand for audience testing. A subset of the initial focus group participants in Step 2 assessed the refreshed brand, including the logo, tagline and materials. Participants at the end of Step 2 were asked if they would be willing to be contacted for a follow up focus group. Participants in the second round of focus groups were then selected from the list of those who expressed interest in participating in a second focus group. Participants were initially selected for the second round of focus groups using similar criteria for the initial recruitment— inclusion of both male and female athletes in the athlete group, coaches who worked with both male and female athletes, and a range of school professionals (e.g. school counsellors, school nurses, and teachers). While reflecting some of the diversity from the first round of focus groups was the initial intent, the second round of focus groups were ultimately recruited based on the availability of the respondents. From the original focus groups, the subset of participants included 4 young athletes, 4 youth and high school coaches, 3 parents and 4 school professionals, resulting in a total of 15 participants. More details about recruitment can be found elsewhere (Sarmiento et al., 2019c; Sarmiento et al., 2019b; Sarmiento et al., 2019a). These participants were asked questions related to the overall look and feel of the refreshed logo and tagline.

Step 5: Refine and launch the final, refreshed CDC HEADS UP materials, brand and logo

After the follow-up focus groups were complete in Step 4, CDC refined and finalised the new brand based on feedback. CDC developed a branding and style guide for the campaign. The guide included the brand identity such as its updated name, logo, tagline, and promise.

It also included guidance for colour, typography, photography, brand voice and revised CDC *HEADS UP* materials based on these refreshed attributes.

Data analysis

All data for the survey analysis were analysed using SAS 9.4 (SAS Institute Inc., Cary, North Carolina, USA) and SPSS (V.24, SPSS, Chicago). Descriptive statistics were calculated for responses to each question in Table 1 to describe how partner organisations engaged with the CDC *HEADS UP* materials.

To analyse the qualitative data from both rounds of focus groups conducted as part of Steps 2 and 4 of the evaluation effort, two authors (R.H. and Z.D.) independently reviewed notes from each of the focus groups. The authors then agreed upon and developed common themes that emerged from the review (Boyatzis, 1998). A coding process was created for each identified theme. Each author then coded the qualitative data independently in a spreadsheet. The authors met to address any discrepancies.

Results

Survey analysis with partners

As can be seen in Table 1, most partner organisations surveyed served youth and young athletes (87%), parents (81%) and youth and high school coaches (74%), and to a slightly lesser extent, school (60%) and healthcare (59%) professionals. The survey also revealed dedicated use of the materials among partners. Most partners reported using the *HEADS UP* materials for 1–7 years (64%) with 38% using the materials for 4–7 years. However, some partner organisations have been using the *HEADS UP* materials for even longer, 7–11 years (19%) and 11–12 years (13%). Within their organisation, most partners used the *HEADS UP* materials to support programmes that educated parents (71%), coaches (64%), athletes (62%), and school professionals (49%) about concussion. They also reported that they used the materials as part of a concussion prevention programme (65%). When partner organisations used the *HEADS UP* materials, most of them (68%) shared the materials with others (e.g., coaches, parents, athletes, school professionals or health care providers).

In response to questions about whether the partner organisations used *HEADS UP* concussion information as part of their website content, protocols or communication with key audiences, the majority of partners responded yes (82%) (Table 1). Overall, *HEADS UP* partner organisations reported finding the campaign materials to be either very useful (51%) or extremely useful (33%).

The survey identified aspects of the *HEADS UP* materials that partner organisations really liked, as well as opportunities for CDC to improve upon the materials. When asked the open-ended question, “What do you like best about the CDC *HEADS UP* materials that you use?”, responses were collapsed into themes and reported in Table 1. The most common response for this question was that the “Information is concise, clear, comprehensive, and easy to understand” (47%) and that the materials were accessible and easy to find and disseminate (23%). However, there were other responses that generated a low endorsement and identified areas for improvement, such as the customisation of materials (8%), the need

for information to be backed up by research (5%), and the need for handouts to be colourful and attractive with good graphics (4%).

Evaluation of the existing CDC *HEADS UP* brand, including materials and logo

Feedback on the *HEADS UP* materials varied by audience; however, all commented that the materials needed to be more vibrant and include more eye-catching images to draw in the reader. Participants also requested that the amount of information presented be condensed. Overall, recommendations from young athletes centred on adding sports-specific facts or tips related to preventing concussion. School professionals suggested the use of more photos, particularly imagery of elementary through high school age students. Coaches expressed a need for more visuals and statistics about concussions and recovery time. Similarly, parents suggested focusing more on highlighting the signs and symptoms of concussion with the materials.

With respect to the logo, participants from the focus groups offered suggestions for improving the existing *HEADS UP* logo to better align it with the campaign's goals and key messages. Young athletes liked the fact that the logo was simple, but said that it needed to have colour, be more captivating, represent all sports and include the CDC name, which was viewed as a trusted authority on concussion. School professionals liked the wording *HEADS UP* because it attracted attention, but indicated that brighter colours were needed. One school professional commented that the logo design "looked like a helmet." Others agreed that the logo portrayed a sports theme and was not inclusive of all causes of concussion or all sports. Coaches and parents wanted the logo to give more information about concussions. Both of these audiences reported that the, "logo is bland", "needs to pop" and "have more colour." Overall, participants across all audiences stated that the *HEADS UP* brand and logo should be recognisable, build awareness that concussion is important and connect with the many CDC *HEADS UP* campaign audiences.

To disseminate the *HEADS UP* materials and messages, participants across all focus groups said that CDC should: "use role models who can help people take concussion seriously"; "encourage athletes to report concussion symptoms"; "include tips for how to talk to children and teens about concussion"; and "add more information about helping children and adolescents recover from a concussion."

Develop a brand positioning statement, brand promise and creative brief

Based on the findings from the focus groups and the survey of *HEADS UP* partner organisations, CDC created a strategy aimed at refreshing the brand, while also taking into account partner preferences and dedicated usage of the materials (some for more than a decade). It was evident from the findings in Steps 1 and 2 that the *HEADS UP* brand needed to be refreshed but not entirely re-branded. A re-brand typically involves a complete re-design with a new and transformed brand identity. The findings from Steps 1 and 2 also pointed to the value of maintaining elements of the existing *HEADS UP* brand. Therefore, instead of re-branding, *HEADS UP* underwent a brand refresh that used recognised visual brand elements, maintaining a connection to how the brand was seen before, but bringing it "up-to-date" and incorporated a behavioural message.

This included retaining the *HEADS UP* name, key audiences and format of materials, while also creatively refreshing the brand's attributes, such as including CDC in the name to show that the brand is science-based, and updating the tagline, logo and imagery. CDC developed a creative brief that contained multiple draft options for the refreshed *HEADS UP* brand.

CDC developed a brand positioning and promise statement that directly responded to the focus groups and survey of partner organisations, acknowledged the cultural factors that influence behaviour and leveraged the credibility of CDC. The brand positioning statement read, "The CDC HEADS UP campaign unites coaches, parents, school professionals, healthcare providers, and youth to prevent, identify, and manage concussions from all causes by shifting cultural norms, and motivating actions. CDC HEADS UP is a go-to source for concussion education." The CDC also developed the following brand promise, "To successfully support concussion prevention, recognition, and recovery efforts, helping youth thrive now and in the future." At the core of this brand promise was a focus on driving meaningful behaviour change that improves the culture of concussion.

Follow up testing with a second round of focus groups to assess the updated materials, brand and logo

Across all the focus groups, participants preferred the logo options contained in the creative brief that "conveyed a sense of safety and protection". One participant commented that the updated logo they chose "made them curious and motivated them to learn more about concussion." Others mentioned that the use of bright colours and shapes across all the options presented grabbed their attention. Overall, participants preferred the taglines that made them think about concussion. One athlete summed it up by sharing that, "seeing these new materials makes me want to protect my brain."

Refine and launch the final, refreshed CDC HEADS UP brand

Using options preferred by focus group participants in the second round of testing, CDC made minor refinements and finalised the *HEADS UP* brand, including the logo and materials. Consistent with focus group participant recommendations, the updated *HEADS UP* materials include shorter, more concise text. Additionally, data on concussion prevention were made more prominent in the materials, along with images and graphics to help visualise the information presented in the text. Figures 2 and 3 compare the original and updated *HEADS UP* materials. Figure 2 exemplifies the shift from a focus on concussion identification and response to primary prevention. It also shows how *HEADS UP* messages transitioned from a message focused on individual behaviour (i.e., what to do if you think you have a concussion) to system change (i.e., use contact limitations in sports). The changes to the handout for athletes shown in Figure 3 also demonstrate a shift in messages focused on individual behaviour to a focus on broader social influences. In particular, the role of teammates is highlighted with the tagline: "Good teammates know: It's better to miss one game than the whole season."

The logo preferred by focus group participants, and that was ultimately chosen, includes bright colours, adds the CDC name to HEADS UP and includes an action-oriented message. The new logo also incorporates a tagline to link the campaign with brain safety. The tagline

(“Safe brain. Stronger future”) communicates a behavioural message identified as important to the target audiences. Notably, the tagline evolved from focusing on concussion response (“It’s better to miss one game than the whole season”) to encouraging concussion prevention (Figure 4). It also is a clearer message of what the brand is about, aims to energise and inspire, and communicates to all CDC *HEADS UP* audiences.

A *HEADS UP* branding and style guide was created to help reposition the campaign’s messages (Figure 5) and to convey the refreshed brand to key audiences and partner organisations (Figure 6). As partner organisations are an integral part of dissemination of the CDC *HEADS UP* materials and messages, it also includes strategies to support their use of the campaign assets.

Discussion

Since the launch of the campaign 15 years ago, CDC *HEADS UP* has strived to evolve and adapt based on evaluation efforts, emerging research on concussion, and best practices in health communication and education. During this time period, *HEADS UP* materials have focused on improving the identification and appropriate response to concussion. However, in order to keep pace with the changing landscape of concussion awareness and based on the findings from the multistep evaluation process outlined in this paper, CDC refreshed the *HEADS UP* brand to promote behaviour change in the context of a well-understood culture of concussion. Ultimately, this effort used audience-based feedback to build campaign assets that connect with the target audiences, are emotionally persuasive and which encourage the prevention of concussion to safeguard the health of children and adolescents.

CDC sought to keep the needs and preferences of the target audience as central to the campaign’s materials, brand and logo. In applying this approach, the target audiences reported that the new *HEADS UP* brand captured their attention, especially due to the bright colours and a compelling tagline. CDC integrated action photos that were bright and eye-catching and were well-received by the target audiences into its materials and messages (especially through social media posts). Similarly, CDC expanded the use of data visualisation (such as through infographics) in the materials. This is exemplified in posters that highlight the leading causes of concussion in sports and the inclusion of infographics as part of the new *HEADS UP* fact sheets for coaches, parents and athletes. In each poster, data was coupled with a strong behavioural recommendation for the audience to encourage athletes to protect themselves from concussion. Broader integration of data may also help improve recognition among partner organisations of CDC’s use of research-based information in the *HEADS UP* brand, materials and messages.

As CDC *HEADS UP* partners valued the campaign’s usage of concise and easy to understand information, the refreshed content incorporated icons and callout boxes to spotlight key messages and focused on a “digital-first” approach, as preferred by partners. This approach allows the *HEADS UP* materials to be more accessible in a range of formats, thereby maximising exposure to target audiences. This also ensures the *HEADS UP* materials can be easily used and adapted to multiple web and mobile platforms.

Developing an educational campaign, such as CDC *HEADS UP*, can be time- and resource-intensive. Managing an educational campaign also requires navigating a diverse and crowded media environment. As such, using strategies to keep a campaign relevant is critical. This paper outlines a scalable and cost-effective process for campaign evaluation that can help an educational campaign keep pace with the ever-expand way the public receives and seeks information. However, while the refreshed CDC *HEADS UP* brand seeks to empower key audiences with information and strategies to protect children and teens from concussion, ongoing evaluation efforts to update the *HEADS UP* campaign based on audience-needs and preferences and emerging concussion research will be needed to ensure its effectiveness and sustainability. Moving forward, CDC *HEADS UP* and other campaigns will need to expand to remain flexible and adapt to use of new technologies, digital media, and shareable content, that are now the standard and preferred channels for individuals and organisations.

Limitations

This study is subject to several limitations. First, the survey and focus groups did not include samples large or diverse enough to be generalisable to larger populations of healthcare providers, school professionals, parents and athletes. Second, as some recruitment was completed through the CDC *HEADS UP* campaign partner network it is reasonable to believe that respondents to the survey were more engaged with the campaign. Similarly, focus group participants recruited through the partner network may have been more familiar with concussion or received concussion education previously. Third, given the awareness of the participants to CDC's involvement in the evaluation, they may have felt the need to answer questions in a way they thought would be acceptable to the research staff. Social desirability may also have biased the level usage and preference for the materials and the branding updates.

Conclusions

This project illustrates the evolution of a health communication campaign that refreshed its brand to meet the changing needs of its audiences by assessing audiences' and partner organisations' perceptions and experiences with the brand in order to uncover ways to reposition the brand to shift cultural norms and promote behaviour change through education. It also shows the intersection between formative research and evaluation with brand development, and how these processes inform each other to develop a brand that is audience-centered for a stronger health communication campaign. This process yielded valuable insights for refreshing the CDC *HEADS UP* brand that could be applied to other long-standing campaigns looking to gain audience insights into their materials and messages, and refresh their current brand.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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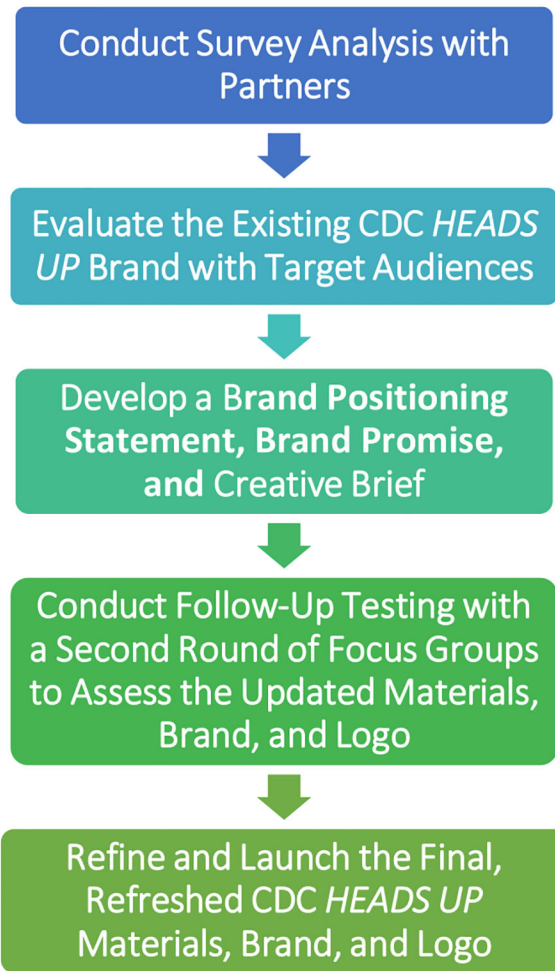


Figure 1. Overview of the CDC *HEADS UP* evaluation and branding process.

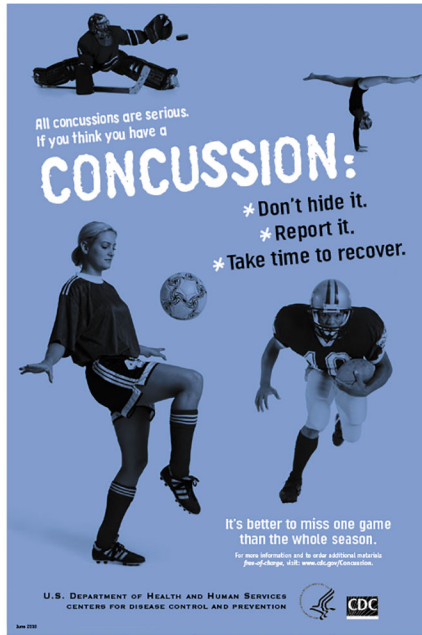
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BEFORE



AFTER

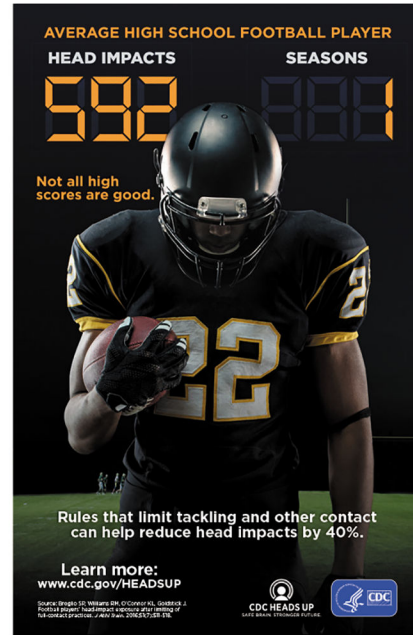
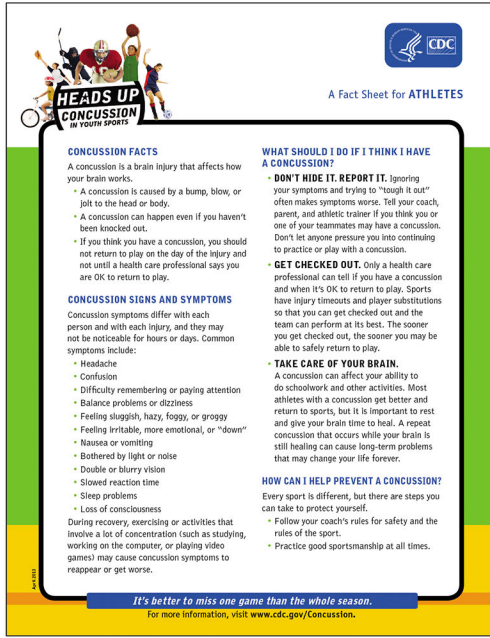


Figure 2. CDC *HEADS UP* posters. Before shows the original *HEADS UP* poster for high school athletes that is multi-sport focused (<https://www.cdc.gov/headsup/pdfs/highschoolsports/MainMessagePoster-a.pdf>). After shows the updated *HEADS UP* poster for high school athletes that focuses on a single sport (<https://www.cdc.gov/headsup/highschoolsports/athletes.html>).

BEFORE



AFTER



Figure 3. Fact sheets for athletes. Before shows the original CDC *HEADS UP* fact sheet for athletes. After shows the updated *HEADS UP* fact sheet for athletes (<https://www.cdc.gov/headsup/youthsports/athletes.html>).

BEFORE



AFTER



Figure 4. CDC *HEADS UP* logo. Before shows the original CDC *HEADS UP* logo, and after shows the updated *HEADS UP* logo and tagline.

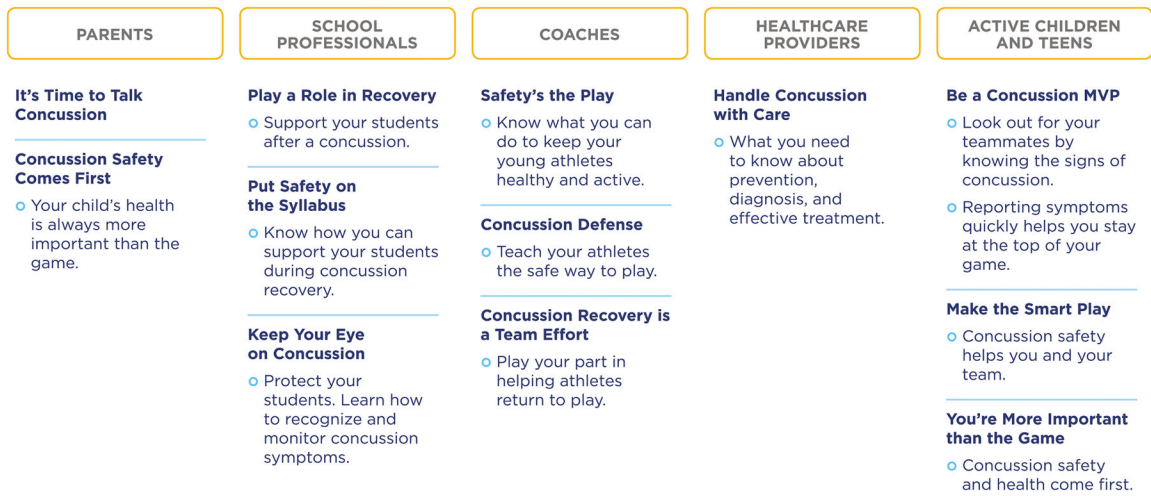


Figure 5. Excerpt from the CDC *HEADS UP* Branding and Style Guide: Campaign messages tailored to the campaign's target audiences.

The CDC HEADS UP voice is:

- **Inspiring:** Motivates audiences to see the benefits of changing the culture of concussion.
- **Action-oriented:** Empowers audiences to take action and work together; encourages children and teens to stay active and healthy.
- **Engaging:** Uses active verb tenses, attention-grabbing language, recommendations, and strategies presented in a straightforward and memorable way.
- **Credible:** Presents trustworthy information from a reliable, science-based source, encouraging safety.
- **Invested:** Articulates to audiences that CDC HEADS UP cares about children and teens so they can reach their full potential.
- **Caring:** Clearly states the goal of protection, safety, and healthy futures for children and teens.
- **Collaborative:** Gives audiences a role to play in children and teen health, and encourages them to work with others to increase impact.
- **Positive:** Presents messaging in a positive, affirming way to highlight steps to protect children and teens from concussion, while focusing on the benefits of activity and sports.
- **Clear:** Defines concussion, symptoms, and treatment in a clear and simple way, and offers specific steps to protect children and teens.
- **Empathetic:** Uses specific language and examples of familiar situations to connect with different audiences.

Figure 6.

Excerpt from the CDC *HEADS UP* Branding and Style Guide: Guidance on application of the *HEADS UP* brand voice (message and design development).

Table 1.

Respondents responses to the survey questions.

	Frequency	Percent
What group does your organisation serve? (Select all that apply)		
Parents	88	81
Coaches	81	74
Youth/young athletes	95	87
School professionals	65	60
Health care professionals	64	59
Other	25	23
How long have you been using CDC HEADS UP materials?		
< 1 year	4	4
1–3 years	28	26
4–7 years	41	38
7–11 years	20	19
11–12 years	14	13
How do you use CDC HEADS UP materials within your organisation? (select all that apply)		
As part of general health promotion education	35	36
As part of a concussion prevention programme	63	65
To educate colleagues within my organisation about concussion	50	52
To help our regional and local affiliates develop concussion prevention programmes	28	29
To support our programmes that educate health care providers about concussion	31	32
To support our programmes that educate coaches about concussion	62	64
To support our programmes that education school professionals about concussion	48	49
To support our programmes that educate athletes about concussion	60	62
To support our programmes that education parents about concussion	69	71
Other	6	6
How do your colleagues use the CDC HEADS UP materials after you share them? (Select all that apply)		
Use for themselves	47	41
Conduct training	22	19
Share with programmes or others (coaches, parents, athletes, school professionals, or health care providers)	77	68
Other	8	7
Do you use any CDC HEADS UP concussion information in your website content, protocols, or organisation's communication with your key audience?		
Yes	80	82
No	13	13
Don't Know	5	5

	Frequency	Percent
How would you rate the CDC HEADS UP materials?		
Not useful	0	0
Somewhat useful	1	1
Useful	14	15
Very useful	48	51
Extremely useful	31	33
What do you like best about the CDC HEADS UP materials that you use?*		
Accessibility and easy to find and use/disseminate	26	23
Information is concise, clear, comprehensive, and easy to understand	54	47
Customisation of materials and range of audiences	9	8
Information is backed by research	6	5
Handouts are colourful and attractive with good graphics	4	4
Handouts are from an authority, the CDC	6	5
It's free	3	3
Other	1	1

* This question was open ended. Answers were organised based on similarity of responses into more meaningful categories for ease of analysis.

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