Caregiving is a time-intensive, life-changing commitment. How then could someone be caregiving and not realize it? When people begin caregiving they experience the layering, shifting, or evolution of existing and often long-standing relationships. This change occurs over time, often in fits and starts. Unlike the birth of a baby or taking a new job, caregiving has no official start date. It’s easy to miss that at some point they took on a new role—they are now caregiving.

In 2010, the Amherst H. Wilder Foundation, a nonprofit community organization in St. Paul, Minnesota, that concentrates on improving lives in the Greater St. Paul community through research, services, and community engagement, began experiencing firsthand what is a nationwide decline in caregivers accessing support services. We knew this decline was not due to demographics—more people in our communities were caregiving, not fewer. We developed a comprehensive strategy to respond to the decline, which included a caregiver awareness campaign aimed at transforming how we talk about, think about, and support those among us who are caregiving. This article shares our journey, how we approached the work, and what we learned along the way.

**Pursuing Transformation: Leading with Awareness**

The journey began with a challenge: to identify what will transform the current ecosystem of support for caregivers. While our inquiry went in many directions, it kept circling back to self-identification. How can we support people with caregiving if they don’t even know they are caregiving?

Research conducted on caregiver self-identification—that is, the number of people caregiving who explicitly acknowledge this role—has shown that as many as 80 percent of caregivers have not identified that they are playing a new role (Kutner, 2001).

If people don’t realize they are caregiving, what are the chances they are asking for help with caregiving tasks? What is the likelihood they might seek respite services, or attend a caregiver support group? Or simply reach out to a friend to vent? Caregiver self-identification seemed like a critical building block in the foundation of a positive caregiving experience. So we focused the first stages of our five-year transformation initiative on caregiver self-identification. We decided to conduct a public...
awareness campaign. Because we had no experience conducting such campaigns, we set out ready and willing to learn.

Key Principles for Crafting the Campaign
As Wilder embarked on this new venture, we committed to two key principles: collaboration and community engagement. We invited three partner organizations, each with a commitment to supporting caregiving, to help us design the campaign.

We decided to shape our message to reach not only those who are caregiving, but also people who are around caregivers.

All three organizations—the Metropolitan Caregiver Services Collaborative, the Alzheimer’s Association of Minnesota/North Dakota, and the Minnesota Department of Human Services, brought connections to a group of community stakeholders. By design, this meant that planning meetings were small—two staff from our agency and one from each partner agency—but our reach was broad.

After each meeting, we five were charged with taking what we’d discussed back to our stakeholders and seeking feedback, suggestions, and revisions. Stakeholders ranged from caregivers, to state agency staff, to social workers serving caregivers.

As we gathered input from stakeholders, we clarified our intended audiences, our key objectives, and obstacles we anticipated would arise due to our culture’s current thinking about caregiving. We were guided through this process using a creative brief template we found for public health awareness campaigns (U.S. Department of Health and Human Services, Public Health Services, National Institutes of Health, and The Cancer Institute, 2004). When we began meeting with an ad agency, our creative brief communicated our vision and helped us remain true to the collective decisions we had made.

One decision was to focus the campaign solely on awareness. We decided that a powerful communication that led to a “light-bulb” moment about caregiving could not convince a person to
seek support. It was too much to ask from an ad on the side of a bus, seen only for a brief moment in passing. Our ad agency team agreed, and so we set out to create a campaign focused solely on fostering caregiver identification.

Another critical decision was to shape our message so that it would reach not only those who are caregiving, but also those around caregivers who might serve as catalysts for helping caregivers to self-identify as such. The light-bulb moment: “Wow, I guess I am caregiving,” would be equally powerful if it was: “Oh, my mom is totally a caregiver.”

We worked together to choose a creative design and began building a media plan that would reach our target audiences—caregivers, ages 45 to 60, often balancing work and caregiving—as well as those around them. We selected media that reflected the busy and mobile life of a caregiver—bus ads, radio, outdoor, social media, and print ads in publications that often appear in physician waiting rooms.

All of this media would point people to a landing page www.whatisacaregiver.org (the original site has since been updated to www.caregivinglink.org) where they could read about what it means to be a caregiver and connect to caregiving information online or via phone.

**Campaign Impact: A Catalyst for Change**

As soon as we had the campaign images, we realized we had a powerful set of tools that could be used far beyond paid media. Wilder embedded the campaign in our community outreach—increasing caregiver identification by engaging people in libraries, pharmacies, and at community events. We used the campaign to create inviting brochures, bookmarks, and posters about our caregiver services. And, to increase our impact and remain true to our collaboration principles, we distributed more than 150 free toolkit CDs with all of the campaign materials, enabling the campaign to be used in communities nationwide to increase caregiver awareness.

Since our initial campaign launched in the fall of 2011 in the Minneapolis–St. Paul metropolitan area, we have leveraged more than half a million dollars of additional investments allowing us to disseminate three additional phases of the campaign across Minnesota. As of this writing, the campaign has garnered 170 million media impressions.

*’People felt more comfortable talking about the fact that they were caregiving than they did taking on the label of caregiver.’*

But more significant than these numbers is the impact the campaign has had on elevating the conversation in Minnesota about caregiving. The campaign has opened doors, spurred collaboration, and leveraged resources. It has been used to reach out to neighbors on National Night Out (www.natw.org/about), to engage faith communities in supporting caregivers in their congregations, and to create public service announcements on our local public television station. It led to new collaborations on caregiving policy, supported our statewide Alzheimer’s initiative, and influenced revisions to caregiving funding requirements.

**Implications for Future Strategies**

As we wrapped up the first phase of the campaign, work was ramping up on our research study, *Caregiving in Context* (Ryba et al., 2012). The lessons we learned in designing the campaign, about self-identification and the role of caregivers’ networks in catalyzing it, deeply influenced the way we shaped our inquiry. The results of the study—buoyed by the elevated conversation from the campaign—have since revealed, in dozens of forums nationwide, an in-depth picture of how caregivers are affected by the strength of the networks surrounding them.

One of the most powerful lessons we learned from the campaign happened accidentally. That was the power of the verb—caregiv-
ing. When our creative team at the ad agency first presented their designs we were concerned—our goal was for people to identify with the term caregiver, not caregiving. They convinced us that identifying with the activities of caregiving was an easier bridge to the light-bulb moment we sought, so we went with it—and are glad we did. As we went into the community with our campaign, we heard repeatedly that people felt more comfortable talking about the fact that they were caregiving than they did about taking on the caregiver label. The campaign has transformed the way we talk about caregiving in all of our materials and in our conversations with those doing the important work of caregiving.

Our decision early on in the campaign not to put our organization’s logo—or that of any partner organizations—on the campaign was challenging and felt counterintuitive to many, but the result was a campaign that could be used by agencies throughout Minnesota and across the United States. Plus, our local partners who helped design the campaign integrated it into their work without feeling they needed to ask permission to do so. The major lesson: shared ownership yielded broad success.

Conclusion
We often hear that just talking about an issue isn’t enough—action is necessary. What we learned through this campaign was that elevating a conversation about caregiving had a powerful impact that lead to countless actions. The conversation we catalyzed led to systems change, engaged the community around policy change, and provided the incentive and tools for countless community organizations, faith communities, workplaces, and neighborhoods to begin providing support for those in their communities who are caregiving.

References
