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Third in a series of Turning Point
resources on social marketing



The Basics of Social Marketing

**How to Use Marketing to
Change Behavior**

from the Social Marketing
National Excellence Collaborative



THE BASICS OF SOCIAL MARKETING

The Basics of Social Marketing is one of several social marketing resources available for public health professionals from Turning Point, and the Turning Point Social Marketing National Excellence Collaborative, funded by The Robert Wood Johnson Foundation. It is intended as a stand-alone tool to help you apply effective social marketing to your public health programs and practices. It may be integrated with other social marketing resources, many of which are available free of charge.

Visit www.turningpointprogram.org or check the *More Resources For You* section at the end of this publication for more information.

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About Turning Point

Turning Point began in 1997 as an initiative of The Robert Wood Johnson Foundation. Its mission is to transform and strengthen the public health system in the United States by making it more community-based and collaborative.

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SOCIAL MARKETING FOR BEHAVIOR CHANGE

Fasten your seat belt. **Eat** more fruit.
Pull over to talk on your cell phone.
Don't litter. **Get** a mammogram.

All these actions require an individual, or a community, to change a behavior in order to improve the quality of life for that individual, or for the community as a whole. This is what social marketing is all about.


Social change happens when you change internal attitudes, external structures, and/or work to make behavior unnecessary. Let's use the example of highway traffic safety. You can try to change internal attitudes about seat belt use by convincing people through education and persuasion. You can try to change external structures, those outside the individual's control, by using public policy to mandate seat belt use. Or, you can move all the way upstream and create cars and highways that are so safe you don't need to convince or mandate that people use seat belts; thus, making the individual behavior unnecessary.

Social change is a messy process and not the purposeful action of an architect. It is the synergy of efforts of multiple change agents. Many practitioners believe that permanent, large-scale behavior change is best achieved through changing community norms — a process that can require time and patience.

Public health professionals understand that people don't change behaviors easily. In fact, people are more likely to adopt a new idea quickly if it exhibits these characteristics:

- It has a relative advantage over what exists
- It's compatible with social norms
- It's not too complex
- It can be "tried out"
- You can see someone either doing or using it

So, if we can figure out how to make behavior change EASY, FUN, and POPULAR it becomes easier for us to encourage it.


 *With social marketing, you can have some truly improved outcomes. Because it is evidence-based — based on what works — you have more effective use of resources.*

Leah Devlin,
State Health Director
Division of Public Health
North Carolina Department of
Health and Human Services

SOCIAL MARKETING: DEFINITION AND BASIC ELEMENTS

Social marketing is the use of marketing principles to influence human behavior in order to improve health or benefit society.

While more comprehensive definitions of social marketing exist, they all share certain common elements.

 *Social marketing is critical because it looks at the provision of health services from the viewpoint of the consumer. We had to consider ways to entice men to come to our clinics; we found that haircuts were a good way to do that. Last year, we gave out over 1,000 free haircuts. It proved to be a great attraction."*

Eric E. Whitaker, MD, MPH
Director, Illinois Department
of Public Health

You don't have to be a marketing expert to practice social marketing. It does, however, help to understand a few basic marketing principles:

- Know your AUDIENCE (really!) and put them at the center of every decision you make. Social marketing begins and ends with your target audience. In order to understand why your audience isn't doing what you want them to do, you must understand what barriers are getting in their way. Understand also that *you* are not the target audience!
- It's about ACTION. The process of heightening awareness, shifting attitudes, and strengthening knowledge is valuable if, and only if, it leads to action. Be clear in what you want your audience to do.
- There must be an EXCHANGE. If you want someone to give up, or modify, an old behavior or accept a new one, you must offer that person something very appealing in return. In commercial marketing, there are tangible exchanges (give me a \$1 and I'll give you a Pepsi) and intangible exchanges (by drinking Pepsi, you're also receiving everything that goes with the image of the brand).

In social marketing, you must know your audience well enough to understand what will motivate them to make changes in their lives. What benefits can you offer to help them over the hump? How can you make it easier for them?

- COMPETITION always exists. Your audience can always choose to do something else.
- Keep "THE FOUR P's of Marketing," and policy, in mind. The "Four P's of Marketing" are:
 1. PRODUCT represents the desired behavior you are asking your audience to do, and the associated benefits, tangible objects, and/or services that support behavior change.
 2. PRICE is the cost (financial, emotional, psychological, or time-related) or barriers the audience faces in making the desired behavior change.

3. PLACE is where the audience will perform the desired behavior, where they will access the program products and services, or where they are thinking about your issue.

4. PROMOTION stands for communication messages, materials, channels, and activities that will effectively reach your audience.

POLICY refers to the laws and regulations that influence the desired behavior, such as requiring sidewalks to make communities more walkable, or prohibiting smoking in shared public spaces.

It is important to understand that change mostly happens on the “installment plan.” Most of us move through predictable stages as we change behavior. We start by not being aware that a change is necessary. At this first stage, we say, “show me.” Here, education and awareness are necessary. In the second stage, we become aware but still don’t shift behavior, possibly because barriers are in the way. At this stage, we say “let’s negotiate.” Here, it is necessary to reduce the barriers.

Social marketing is particularly useful in removing barriers that prevent behavior change. At any given time, only a percentage of your target audience will be ready to take action. It’s important to understand this when setting realistic expectations of what a campaign can accomplish or what an audience will accept.




Sure, we’re all smart. We’re program planners. We know what we’re doing. But we have to listen. That’s what is critical in a social marketing effort.

Jewel C. Love,
Vice President
MEE Productions, Inc.
(produces materials for public health campaigns)

SOCIAL MARKETING IS:	SOCIAL MARKETING IS NOT:
<ul style="list-style-type: none"> ▶ A social or behavior change strategy ▶ Most effective when it activates people ▶ Targeted to those who have a reason to care and who are ready for change ▶ Strategic, and requires efficient use of resources ▶ Integrated, and works on the “installment plan” 	<ul style="list-style-type: none"> ▶ Just advertising ▶ A clever slogan or messaging strategy ▶ Reaching everyone through a media blitz ▶ An image campaign ▶ Done in a vacuum ▶ A quick process

TEN STRATEGIC QUESTIONS TO HELP YOU WORK TOWARD YOUR INITIAL SOCIAL MARKETING PLAN

 *Using a strategic social marketing approach resulted in us developing truly audience-based programs and materials. Our male sexual health campaign, done in collaboration with the Vermont Department of Health, is now recognized by over one-third of the young men in northern Vermont, and has resulted in increased visits from male clients, and increased communication between young men and their partners.*

Nancy Mosher,
President & CEO
Planned Parenthood of
Northern New England

There are ten strategic questions that you can use to help work toward an initial marketing plan. These are:


1. What is the social [or health] problem I want to address?
2. What actions do I believe will best address that problem?
3. Who is being asked to take that action? (audience)
4. What does the audience want in exchange for adopting this new behavior?
5. Why will the audience believe that anything we offer is real and true?
6. What is the competition offering? Are we offering something the audience wants more?
7. What is the best time and place to reach members of our audience so that they are the most disposed to receiving the intervention?
8. How often, and from whom, does the intervention need to be received if it is to work?
9. How can I integrate a variety of interventions to act, over time, in a coordinated manner, to influence the behavior?
10. Do I have the resources to carry out this strategy alone; and if not, where can I find useful partners?

Ten Strategic Questions is reprinted from *Social Marketing Lite*, Academy for Educational Development, 2000, available online at www.aed.org

THE SIX PHASES OF SOCIAL MARKETING: KEY POINTS AND CONSIDERATIONS

What follows is a basic outline of the phases in the social marketing process, including questions to ask and items to consider during the process. The six phases of the planning tool are outlined in detail on the CD-ROM *CDCynergy — Social Marketing Edition* (see the *Appendix* and the *More Resources for You* sections of this guide).

We hope this process will help you be an engaged, informed, and efficient social marketing consumer and practitioner.

 *The beauty of social marketing is that it forces planners to design to the wants and needs of all players — consumers and intermediaries — and then create feedback loops throughout a campaign.*

Susan Foerster, Chief
Cancer Prevention and
Nutrition Section
California Department of Health

PHASE 1: DESCRIBE THE PROBLEM

Points in the Process:	Ask or Consider:
Review the problem description and rationale.	<ul style="list-style-type: none"> ▶ Does this fit with current department priorities? ▶ Are the relevant data presented? Do the data support the problem analysis?
Review the composition of the strategy team.	<ul style="list-style-type: none"> ▶ Does the team fit well together? Does it fit with your department? ▶ Are there any political sensitivities? Is anyone missing?
Review the SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis.	<ul style="list-style-type: none"> ▶ Are there any red flags? ▶ Are there any serious omissions?

"The Six Phases of the Social Marketing Process" is reprinted from the computer software program *CDCynergy — Social Marketing Edition* (Beta version, 2003), developed by the Turning Point Social Marketing Collaborative, the U.S. Centers for Disease Control and Prevention, Office of Communication, Atlanta, GA, and the Academy for Educational Development, Washington, D.C., available online at www.turningpointprogram.org.

PHASE 2: CONDUCT THE MARKET RESEARCH

Points in the Process:	Ask or Consider:
Review the research plan.	<ul style="list-style-type: none">▶ Are the available resources confirmed?▶ Are the roles and responsibilities clear?▶ Do the timelines and budgets appear reasonable, and do they fit your departmental schedules?▶ Are necessary review/clearance and procurement mechanisms clear and in place?
Review the research report.	<ul style="list-style-type: none">▶ Can you answer the following questions:<ul style="list-style-type: none">- What most distinguishes between key audience segments?- Which target audiences appear most ready to change? Why?- What benefits and barriers do target audiences ascribe to the desired and competing behaviors?- What appear to be attractive exchanges for the respective audience segments?

PHASE 3: CREATE THE MARKETING STRATEGY

Points in the Process:	Ask or Consider:
Review the identified target audience and behavior.	<ul style="list-style-type: none"> ▶ Is the rationale (research and logic) behind the selections clear and sound?
Review the behavioral goal (this is what your social marketing program aims to achieve).	<ul style="list-style-type: none"> ▶ Will achieving this goal have a sufficient impact on the original problem described? ▶ Does the goal seem feasible?
Allocate the available budget and other resources for the program.	<ul style="list-style-type: none"> ▶ Is the effort sufficiently well-funded to reach enough of the target audience to achieve your behavioral goal?
Review the intervention mix and respective objectives.	<ul style="list-style-type: none"> ▶ Is it clear how each intervention either adds value (offers more desired benefits) or reduces costs (lowers a relevant barrier) to the target audience? Are these benefits and barriers supported by the research findings? ▶ Is it clear what each intervention is intended to do, and how it affects the desired change? ▶ Taken together, will the overall mix of interventions reach enough of the target audience often enough to have the desired impact? ▶ Is the overall mix feasible for your department to develop, launch, and manage? If not, is it clear how others will be involved? Is that kind of involvement appropriate and feasible?

PHASE 4: PLAN THE INTERVENTION

Points in the Process:	Ask or Consider:
Review the selection of new or improved services or product.	<ul style="list-style-type: none"> ➤ Is the rationale behind the modifications/improvements clearly and convincingly presented? Is it clear how/why the target audience will respond better? ➤ Does each of the activities support the overall strategy? ➤ Are the respective development processes, materials, delivery channels, and partner roles clear and feasible? ➤ Is the plan for pre-testing the new or improved products or services clear and feasible?
Review the proposed staff training plan.	<ul style="list-style-type: none"> ➤ Is the rationale and approach for staff training clear and feasible? ➤ Confirm budget and managerial approval for the staff training.
Review the proposed policies to be enacted or changed.	<ul style="list-style-type: none"> ➤ Is the rationale clearly and convincingly presented? Does it support the overall strategy? ➤ Is there a clear approach for achieving the policy change? ➤ Are there red flags to be aware of?
Review the communication plan.	<ul style="list-style-type: none"> ➤ Are respective audiences, benefits, and messages clear and supported by prior research? ➤ Does each of the activities support the overall strategy? ➤ Are the respective materials, delivery channels, and partner roles clear and feasible? ➤ Is the plan for pre-testing the messages and materials clear and feasible?
Review the work plan.	<ul style="list-style-type: none"> ➤ Are roles and responsibilities clear? ➤ Do the timelines and budgets appear reasonable and fit your departmental schedules? ➤ Are necessary review/clearance and procurement mechanisms clear and in place?

PHASE 5: PLAN PROGRAM MONITORING AND EVALUATION

Points in the Process:	Ask or Consider:
Review the identified program indicators.	<ul style="list-style-type: none"> ▶ Are the program indicators clearly linked to intervention objectives? ▶ Will they satisfy your departmental reporting and/or accountability requirements?
Review the monitoring and evaluation plan.	<ul style="list-style-type: none"> ▶ Are roles and responsibilities clear? ▶ Do the timelines and budgets appear reasonable and fit your departmental schedules?

PHASE 6: IMPLEMENT INTERVENTIONS AND EVALUATION

Points in the Process:	Ask or Consider:
Establish the schedule of project updates — both technical and financial.	<ul style="list-style-type: none"> ▶ Has the overall strategy changed at all? If so, why? ▶ Are there any external (policy or environmental) or internal factors or issues that may adversely affect the strategy or its implementation? ▶ Are audience exposure and/or service delivery levels in line with projections? ▶ Is spending in line with projections? Are there any issues to be addressed?
Monitor the perspectives of partners and stakeholders.	<ul style="list-style-type: none"> ▶ Are partners pleased with direction and progress? ▶ Are key stakeholders (particularly those who approve ongoing budget allocations) apprised and supportive of the project and its accomplishments?

KEY SOCIAL MARKETING CONCEPTS

Barriers

Hindrances to desired behavior changes that are identified by the audience. These may be factors external or internal to audience members (e.g., lack of proper health care facilities, the belief that fate causes illness and one cannot alter fate, lack of skill to use a condom correctly, etc.).

Benefits

Advantages that the audience identifies, which may or may not be directly associated with a behavior. These can be framed as the positive results, feelings, attributes, and so forth that the audience will obtain from the desired behavior change. Benefits are what you offer to the audience in exchange for the new behavior and can be thought of as “what’s in it for them.” (See Exchange.) For example, mothers (audience) will create a loving bond with their newborns (benefit) when they breastfeed for at least six weeks (behavior).

Competition

The behaviors and related benefits (see Benefits) that the target audience is accustomed to — or may prefer over — the behavior you are promoting. For example, using the elevator competes with taking the stairs because of ease and quickness; having potato chips with lunch competes with including a fruit and vegetable at each meal because of taste and low cost; formula feeding competes with breastfeeding because of convenience and participation by other family members. Competition also encompasses the organizations and people who offer or promote alternatives to the desired behavior. For example, fast food restaurants offer less healthy food choices, infant formula makers promote their products to new mothers, and friends may encourage a college student to drink until drunk.

Determinants of Behavior

Factors (either internal or external to the individual) that influence an individual’s actions or behaviors. Behavioral science theories and models list various determinants. For example, “degree of readiness to change” is a determinant within the transtheoretical, or stages of change, model. Examples of determinants from other theories/models include locus of control, self-efficacy, and perceived risk.

Exchange

The concept that people compare the costs and benefits (see Barriers and Benefits) of performing a behavior before actually doing it. The benefits must outweigh the costs in order for people to perform a behavior. Exchange provides a way for you to understand the costs and benefits that a target audience (see Target Audience) associates with a desired behavior change. Apply this concept by offering the audience benefits they want in return for making the desired behavior change. For example, you give them a sense of being cool and accepted by their peers if they give you themselves as drug-free adolescents. (Programs also receive benefits, such as improved health status, increased immunization rates, or recognition and funding from the audience performing the behavior.)

“Four P’s of Marketing”

Domains of influence to consider when planning intervention activities for reaching a target audience from multiple perspectives. These four domains, known as the “Four P’s of Marketing,” include: product, price, place, and promotion. (See also, Policy.)

Market Research

Research designed to enhance your understanding of the target audience’s characteristics, attitudes, beliefs, values, behaviors, determinants, benefits, and barriers to behavior change in order to create a strategy for social marketing programs. Also called consumer or audience research. (See also Barriers, Benefits, and Determinants of Behavior.)

Market Strategy

A guiding plan of action for your entire social marketing program. Market strategy encompasses the specific target audience segments and influencing audiences (see Target Audience), the specific desired behavior change goal, the benefits you will offer (see Benefits), and the interventions that will influence or support the behavior change.

Place

One of the “Four P’s of Marketing,” place is where and when the target audience will perform the desired behavior, access program products/services, or think about the proposed health or safety issue. It leads you to offer services or products in a location and manner that it is convenient and pleasant for the target audience. It also leads you to offer information when and where the audience is already thinking about your issue. For example, interventions may include offering immunizations in a neighborhood or mobile clinic, offering nutritional information on a restaurant menu or grocery store food shelf, or placing condom vending machines in club or bar bathrooms.

Policy

Sometimes added to the “Four P’s of Marketing,” policy refers to the consideration of the laws or regulations that influence the behavior you want to change. This can include those laws or penalties you can use or enact to further encourage the behavior (such as imprisonment for drunk driving), as well as understanding or changing those policies or laws that may act as barriers to the behavior (such as inconvenient clinic locations).

Price

*One of the “Four P’s of Marketing,” price refers to the costs (financial, emotional, psychological, or time) or barriers (see *Barriers*) the audience members face in making the desired behavior change. Price leads you to plan interventions that reduce the costs of the desired behavior or increase the costs of the competing risk behavior. For example, training mothers in techniques for reducing embarrassment about breastfeeding in public (e.g., pumping breast milk before going out), offering a lunch-time walking club at work to address barriers of lack of time and convenience for exercising, or raising cigarette taxes to increase the financial costs of smoking.*

Product

One of the “Four P’s of Marketing,” product refers to the desired behavior and associated benefits you are asking the audience to do, and tangible objects or services that support or facilitate behavior change. Examples of the former include receiving a winter flu vaccine, with the benefit that you are more likely to be able to spend holidays with your family and not in the hospital; or exercising a certain amount, with the benefit that you feel more energetic and in control of your life. Examples of the latter include a journal to plan and track weekly exercise activities, or a hotline that parents can call with questions about drugs.

Promotion

One of the “Four P’s of Marketing,” promotion includes the communication messages, materials, channels, and activities that will effectively reach your audience to promote the benefits of the behavior change as well as the product, price and place features of your program. Messages may be delivered through public relations, advertising, print materials, small-group or one-on-one activities (e.g., mentoring, counseling, workshops), and other media. Promotion leads you to consider the type of media your target audience attends to, when and where they will attend to your messages, and the characteristics of the communication.

Target Audience

The group that your social marketing program seeks to reach and influence. This group is a selected portion (or segment) of a larger population that is directly affected by the health problem.

A CASE STUDY

Changing Traditions: Preventing Illness Associated with Chitterlings

From *Social Marketing and Public Health: Lessons from the Field*, available online at www.turningpointprogram.org.

In Brief

In August 1996, health officials in metropolitan Atlanta, Georgia, decided to use a social marketing approach to prevent a holiday outbreak of diarrhea cases. The cases were associated with the preparation of chitterlings (pork intestines, pronounced “chitlins”) by African American women. Formative research identified the source of transmission to be breaks in sanitation during preparation. After culture tests confirmed the safety of the potential interventions, a culturally-appropriate and low-cost intervention was designed around the message: “Pre-boil your chitterlings for five minutes before cleaning and cooking as usual.”

Despite the short lead time (August to November) and relatively low budget, the project generated positive results. The project targeted the women who prepared chitterlings, community gatekeepers, and health care providers, and it documented greater awareness and actual reductions in diarrhea cases during the winter holiday season.

Reference

This case study has been adapted from a presentation by Peterson, E.A. & Koehler, J.E. (1997). 1997 Innovations in Social Marketing Conference Proceedings, pp. 4-8.

Background

In 1989, a severe form of diarrhea in African American infants in Georgia, caused by the bacterium *Yersinia enterocolitica* (YE), was first associated with home preparation of chitterlings. Each subsequent November and December, Women, Infants, and Children (WIC) clinics offered flyers and short lectures that emphasized hand washing and protecting children from exposure to chitterlings. However, data collected at one hospital in 1996 showed that annual winter peaks of cases continued despite the WIC-based intervention.

Strong cultural traditions surround the preparation of chitterlings, with holiday preparation recipes passed down through the generations. A potential barrier to changing chitterlings preparation behavior was the fear that boiling would “boil in the dirt” and affect the taste. A taste test showed that not to be the case.

Collaboration with the Office of Minority Affairs helped reach many of the African American gatekeeper audiences. This collaboration also helped to identify African American grandmothers as the appropriate source for the intervention. The grandmothers who participated in formative research developed the chitterlings cleaning method for their peers. Having the grandmothers (as messengers) model how to pre-boil chitterlings was thought to make the new preparation method easier to accept within the community.

Formative Research

Research included literature reviews, community focus groups, and interviews. Telephone and personal interviews were conducted with pork producers and food safety experts at the U.S. Department of Agriculture, the Food and Drug Administration, and the Centers for Disease Control and Prevention (CDC). Focus groups and individual interviews were conducted at a retirement center, a clinic waiting room, grocery stores, and churches.

After being informed about the annual outbreak and findings from the literature review, focus groups discussed two questions: “How do you think the bacteria are being transmitted to the small babies?” and “What could we do to prevent this transmission?” The women in the focus groups identified hygiene breaks, either during refrigeration or during the long hours of cleaning the chitterlings, as the likely method of transmission to children. Both interventions were evaluated in home cleaning and cooking trials, and in laboratory studies. Barriers to acceptance of the interventions were assessed via follow-up telephone interviews. It was this formative research that provided the key to identifying the more appropriate target group for the intervention. Historical outreach had been focused toward mothers; however, the formative research identified grandmothers as the cohort who make the chitterlings, provide childcare, and teach their daughters how to cook.

Target Audience

Previous interventions had been aimed at mothers of children, using participation in the WIC program as a channel for communication. The formative research and conversations with the African American community suggested that grandmothers were more frequently the chitterlings preparers and would serve as role models to younger women. Thus, the primary target audience was women who prepare chitterlings — older, African American women who, as grandmothers, are often also caregivers for infants. Secondary audiences were identified as community leaders/gatekeepers such as pastors and church leaders, retail grocery associations, chain grocery stores, major pediatric hospitals, and health care providers.

Product, Price, Place, and Promotion

The authors summarized the marketing mix in the following chart:

Target Population	Product	Price	Promotion	Place
<p>Chitterlings Preparers Primarily older, African-American women living in metropolitan Atlanta</p>	<p>Messages Pre-boil chitterlings for five minutes before cleaning and cooking as usual</p>	<p>Perceived Barriers Change from traditional technique Perceived change in taste Extra five minutes of upfront work</p> <p>Perceived Benefits Community ownership as source of technique Taste test showed no change in taste Faster/easier overall Safer for children Child care issues avoided</p>	<p>Cartoon, flyers, bulletin insert Short read: problem and community solution Brochure Full info for interested readers News release Public service announcement Newspaper articles Radio talk shows TV news spots Focus on new problem with a simple solution</p>	<p>Grocery Stores Point of sale reaching chitterlings purchasers</p> <p>Churches Targets church-goers Churches trusted source</p> <p>Health Care Providers Physicians, hospitals County clinics WIC waiting rooms</p> <p>Media Targeted: gospel station talk show</p>
<p>Community Leaders, Gatekeepers Heterogeneous group having authority to allow dissemination of information</p>	<p>Encourage message dissemination to target group within their spheres of influence</p>	<p>Perceived Barriers Extra work Potential political or economic repercussions</p> <p>Perceived Benefits Image of promoting safety of children DHR did most of the follow-up work</p>	<p>Cover letters for each subgroup News release Medical fact sheets Samples of brochures Can evaluate what they are asked to distribute Presentation in person or telephone to address questions</p>	<p>Grocers' Association and Large Chains Point of sale distribution</p> <p>Church Associations Posting Pulpit announcements Bulletin inserts</p> <p>Media Timely awareness of preventable health problems</p>
<p>Health Care Providers Physicians County clinic nurses WIC nutritionists Hospital infection control nurses Epidemiologists</p>	<p>Take exposure history and culture for YE in appropriate cases Disseminate prevention message</p>	<p>Perceived Barriers Requires awareness and asking about chitterling exposure Extra cultures and costs</p> <p>Perceived Benefits Correct diagnosis of YE Earlier treatment of YE Simple prevention message</p>	<p>Cover letters for each subgroup News release Medical fact sheets Samples of brochures Can evaluate what they are asked to distribute Presentation in person or telephone to address questions</p>	<p>Work Place/office State epidemiologist Research investigator Emphasis on new, well-documented medical information and timeliness of prevention issues</p>

Target Behavior

Two preparation methods with potential for preventing disease transmission were identified and compared to traditional preparation methods. These targeted behaviors included the following:

- Wash chitterlings in a low concentration of bleach water during the six to eight hours of cleaning.
- Briefly pre-boil chitterlings before cleaning.

Findings of the preparation comparison showed that bleach rinsing the chitterlings was inconsistent in reducing bacteria. Pre-boiling chitterlings showed complete killing of all bacteria and offered the advantage of making chitterlings easier and faster to clean. Subsequent taste tests showed that pre-boiling did not affect the taste appeal. The behavior intervention selected was summarized in the instruction: "Pre-boil your chitterlings for five minutes before cleaning and cooking as usual."

Evaluation

PROCESS EVALUATION

Project objectives were met. New microbiological and behavioral information were obtained on transmission and potential interventions. The key messages addressed specific barriers and benefits and were liked by the primary target audience. Implementation was widespread and accomplished at a low cost, despite the three-month time frame for assessment, design, and late market penetration. Feedback from target audiences was anecdotal. Gatekeepers and health care professionals, for the most part, approved and helped distribute information. Several locations requested extra copies of literature.

IMPACT/OUTCOME EVALUATION

It was expected that health care providers would increase their efforts to find and diagnose cases of diarrhea in response to the messages targeted for them, and there would be an apparent increase of cases reported. Compared to the previous year, the number of cases prior to the intervention effect was slightly higher, especially around Thanksgiving. Post intervention, however, there was no Christmas peak as there had been the previous year. The number of cases in the year of the project (11) was lower than during the same weeks of the previous year (16), despite increased surveillance. While the changes were not statistically significant, they did suggest some intervention effect. "Each subsequent year the intervention was repeated, the number of cases decreased. Moreover, the one year they did not do the intervention, the numbers went back up." (Peterson, at the Turning Point Meeting, May 2001)

Program Cost

Implementation of the intervention was widespread and done at low cost. Dr. Peterson estimated the total cost including staff time was “less than \$25,000.” A variety of print materials (flyers, bulletins, brochures, fact sheets, cartoon stickers) were developed and distributed through local grocery stores, churches, and social groups. Mass media messages (talk shows, TV news, and PSAs) also carried a large portion of the promotion load.

Comment

This case demonstrates the practical wisdom of applying social marketing strategies to health challenges. Although the project was relatively inexpensive, it achieved notable results because of careful attention to the needs, wants, attitudes, and habits of the target audiences.

It should be noted that the fact that members of target audiences like an intervention or behavioral product does not always ensure adoption. Satisfactory responses sometimes occur whether people state that they like something or not. In this case study, the short time between project start-up and the actual interventions may have impaired the results somewhat; but the realities of public health are not always conveniently situated in a health department or marketer’s calendar. It is also worth noting that this project received the Novelli Award at the Innovations in Social Marketing conference held in December 2002.

MORE RESOURCES FOR YOU

Books on Social Marketing

Andreasen, A.R. (1995). *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. San Francisco: Jossey-Bass Publishers.

Kotler, P., Roberto, N., and Lee, N. (2002). *Social Marketing: Improving the Quality of Life*. Thousand Oaks, CA: Sage Publications.

Siegel, M., M.D., and Doner, L. (1998). *Marketing Public Health: Strategies to Promote Social Change*. Aspen Publishers, Inc.

Weinrich, N.K. (1999). *Hands-on Social Marketing*. Thousand Oaks, CA: Sage Publications.

Other Books and Articles

Debus, M. (1988). *Handbook for Excellence in Focus Group Research*. (Prepared for the U.S. Agency for International Development, Porter/Novelli, and Academy for Educational Development.) Washington, D.C. Order from www.aed.org.

Krueger, R.A. *Focus Groups: A Practical Guide for Applied Research (2nd ed.)*. Thousand Oaks, CA: Sage Publications.

Prochaska, J. and DiClemente, C. (1983). *Stages and Processes of Self-change in Smoking: Towards an Integrative Model of Change*. *J Olin Consult Psych.* 51:390-395.

Rogers, E.M. (1995). *Diffusion of Innovations. (4th ed.)* New York: Free Press.

Wallack L., Woodruff, K., Dorfman, L., and Diaz, I. (1999). *News for a Change: An Advocate's Guide to Working With the Media*. Thousand Oaks, CA: Sage Publications.

Examples of Campaigns

Check these Web sites for more examples of public health campaigns:

- ▶ The White House Office of National Drug Control Policy's National Youth Antidrug Media Campaign. Go to: www.mediacampaign.org.
- ▶ CDC and other agencies' Youth Media Campaign to help youth develop exercise and eating habits that will foster a healthy life. Go to: www.VERBnow.com and www.bam.gov.
- ▶ The National Highway Traffic Safety Administration's Buckle Up America! Campaign to increase seat belt and safety seat use. Go to: www.buckleupamerica.org.
- ▶ CDC's Choose your Cover to promote sun protection. Go to: www.cdc.gov/ChooseYourCover/.
- ▶ The National Cancer Institute's 5-a-Day Campaign to promote eating more fruits and vegetables. Go to: www.5aday.gov.
- ▶ The Robert Wood Johnson Foundation's Covering Kids to increase enrollment in children's health insurance. Go to: www.coveringkids.org.
- ▶ HRSA's Insure Kids Now! to increase enrollment in children's health insurance. Go to: www.insurekidsnow.gov.
- ▶ New York Monroe County's adolescent pregnancy prevention communications program, "Not Me, Not Now." Go to: www.notmenotnow.org.
- ▶ The American Legacy Foundation has several ongoing anti-tobacco campaigns. Go to: www.americanlegacy.org.

Online Resources

Centers for Disease Control and Prevention is composed of 11 centers, institutes, and offices dedicated to promoting health and quality of life by preventing and controlling disease, injury, and disability through scientific inquiry. Specific CDC Web sites can be accessed through the main CDC Web site at: www.cdc.gov. The CDCynergy series of CD-ROMs contains case examples, planning models, and a wealth of reference resources and materials. You can access the various editions at: www.cdc.gov/communication/cdcynergy_editions.htm.

The Social Marketing Institute's goal is advancing the science and practice of social marketing. The Institute's site includes many case studies and success stories. Go to: www.social-marketing.org/index.html.

Tools of Change is founded on the principles of community-based social marketing. This site offers specific tools, case studies, and a planning guide for helping people take actions and adopt habits that promote health or environmental issues. Go to: www.toolsofchange.com.

Turning Point Social Marketing National Excellence Collaborative promotes the understanding and use of social marketing in public health practice. Go to: www.turningpointprogram.org. Resources include *Lessons from the Field*, 12 case studies in social marketing rated for their strengths and weaknesses, and *The Manager's Guide to Social Marketing*.

The Social Marketing in Public Health Conference is held annually in June at Clearwater Beach, Florida, and is sponsored in part by the University of South Florida. The pre-conference gives participants an overview of the social marketing approach, along with basic principles and practices. For information, go to: www.publichealth.usf.edu/conted.

www.turningpointprogram.org



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