

# The Manager's Guide to Social Marketing

**Using Marketing to Improve  
Health Outcomes**

from the Social Marketing  
National Excellence Collaborative



## THE MANAGER'S GUIDE TO SOCIAL MARKETING

The *Manager's Guide to 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](http://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: A BRIEF OVERVIEW


**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 individuals or groups to change behavior to improve the quality of life for themselves, or the community as a whole. This is what social marketing is all about.

Social marketing is using marketing principles to influence human behavior to improve health or benefit society.

You don't have to be a marketing expert to integrate social marketing into your public health practice, but it helps to understand some basic marketing principles. Some of the fundamental marketing principles that are critical to the success of social marketing campaigns include:

- ▶ Understanding your AUDIENCE, their needs and wants, their barriers, and their motivations
- ▶ Being clear about what you want your audience to DO; changes in knowledge and attitudes are good if, and only if, they lead to ACTION
- ▶ Understanding the concept of EXCHANGE; you must offer your audience something very appealing in return for changing behavior
- ▶ Realizing that COMPETITION always exists; your audience can always choose to do something else
- ▶ Being aware of the "4 P's of Marketing" (Product, Price, Place, Promotion) and how they apply to your program
- ▶ Understanding the role that policies, rules and laws can play in efforts to affect social or behavioral change

 *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: A DIFFERENT LENS FOR YOUR WORK

 *The beauty of social marketing is that it forces planners to design in 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

## **Social Marketing Begins and Ends with Your Target Audience**

Social marketing provides a framework for understanding your target audience's behavior and where best to intervene for positive behavior change.


## **Social Marketing Provides an Effective Way to Create Change with a Large or a Small Budget**

Successful social marketing campaigns are often equated with big budgets. However, slick TV ads and expensive print materials are not required to make an impression on your audience. Many effective, low-budget campaigns have been developed in a variety of communities. (Case studies of campaigns done on both large and small budgets are available in *Lessons from the Field*, a free resource available online at [www.turningpointprogram.org](http://www.turningpointprogram.org).

A summary of case studies is included in the *More Resources for You* section of this report.)

## **Social Marketing Provides a Logical Process for Program Planning and Evaluation**

The six phases of the social marketing process described in the following section will guide you with helpful tips on how you, as a manager, can help your staff achieve success.

 *Our social marketing campaign was effective and inexpensive because we used already available research from local youth. With a budget of \$11,000, we were able to implement a successful teen/young adult tobacco communications campaign in one community by working with a local community-based organization. We used teen testimonials in developing paid radio advertisements, bought ads in campus newspapers, developed posters, used phone cards as incentives, and placed news stories.*


Linda Weiner, Director of Communications  
American Lung Association of San Francisco and San Mateo Counties

## THE SIX PHASES OF THE SOCIAL MARKETING PROCESS

What follows is a basic guide to the phases in the social marketing process, including questions to ask and items to consider or pay attention to during the process. The six phases described are from *CDCynergy — Social Marketing Edition*, a planning tool on CD-ROM that contains a wealth of information and resources about social marketing (see the *More Resources for You* section of this guide).

For a written overview of the six phases of the social marketing process, please see the *The Basics of Social Marketing*, also available from Turning Point.


Whether you are a program manager or a department supervisor, we hope this process will help you be an engaged, informed, and efficient social marketing consumer and practitioner.

 *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 a 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 and CEO  
Planned Parenthood of  
Northern New England

“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](http://www.turningpointprogram.org).

## PHASE 1: DESCRIBE THE PROBLEM

 *Staff members of the Maine Breast and Cervical Health Program indicate that the direct expenses for their social marketing process were less than \$1,000. There was a significant amount of staff time that went into the formative research process... however, the staff time committed to this effort would have been spent in some form of program planning. This case is an example of how state government can, with minimal cash expenditure, improve the effectiveness of an existing program by utilizing a social marketing approach to program planning and evaluation.*

Maine Breast and Cervical Health Program Case Study  
*Social Marketing and Public Health: Lessons from the Field*

At the outset of this process, you and your staff will develop a description of the health problem to be addressed and a compelling rationale for the program. These are to be based on a thorough review of the available data, the current literature on behavioral theory, and best practices of programs addressing similar problems. Through an analysis of Strengths / Weaknesses / Opportunities / Threats (SWOT), you will identify the factors that can affect the program being developed. Finally, you will develop a strategy team — probably comprised of staff, partners, and stakeholders — to help develop and promote the program.

Much of this will feel very familiar to you, but there may be one or two important differences.

What's Different	How You Can Help
<p><b>Behavior change will be at the center of your program.</b> The problem description should reflect which behaviors are contributing to the problem and which proposed behaviors will be promoted as the solution.</p> <p>The problem statement should be informed by theories of behavior, and how change occurs. This requires that your staff consider factors that influence behavior, or behavioral determinants. Sometimes, these may be expressed in terms of benefits and barriers.</p> <p>Factors “upstream” in the causal chain from the problem and associated behaviors may be considered.</p>	<ul style="list-style-type: none"> <li>▶ Confirm that the problem description and rationale fit your department’s current priorities.</li> <li>▶ Determine that the data presented are complete and support the problem analysis.</li> <li>▶ Ensure that the SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis is complete, and identified factors are defensible.</li> <li>▶ Review the proposed strategy team for serious omissions or political sensitivities.</li> <li>▶ Clarify who else must review and approve key elements of this program at various points, and help with a plan for expediting such review and approval.</li> </ul>

## PHASE 2: CONDUCT THE MARKET RESEARCH

Social marketing depends on a deep understanding of the consumer. In this phase, you will research what makes your target audience tick, and what makes audience subgroups, or “segments,” alike and different from one another. This research aims to get inside your consumer’s head, understanding what he or she wants in exchange for what your program wants her or him to do, and what he or she struggles with in order to engage in that behavior.

The objective of the research is to determine:

- ▶ How to cluster your target audience into useful segments
- ▶ Which target audience segments are most ready to change their behavior
- ▶ What they want or need most in order to do that

What’s Different	How You Can Help
<p><b>Dividing the audience into segments:</b> Your research aims to identify which members of your target audience are more likely to adopt the desired behavior, and important similarities and/or differences among them. These answers will set up the strategy development.</p> <p><b>Identifying competing behaviors:</b> The safer, healthier behavior you promote is competing with many other choices your target audience can make, including the risky behavior they may be performing now. To be effective, your strategy must make your proposed behavior at least as attractive as the alternatives.</p> <p><b>A focus on benefits and barriers:</b> People do things because they get benefits in return. Barriers make it harder for people to act. Your research must uncover which benefits the target audience wants more, and which barriers they struggle with most. Your strategy depends on this.</p> <p><b>Distinguishing “doers” from “non-doers”:</b> One way to determine which benefits or barriers most influence a population’s behavior is to compare those who do the behavior (doers) with those who don’t (non-doers). The key is to look at how they are different, rather than the same; those factors will be the key clues to behavior change.</p>	<ul style="list-style-type: none"> <li>▶ Confirm the available budget and other needed resources for the program.</li> <li>▶ Review the rationale behind the selection of the target audience, desired behavior, and behavioral goal.</li> <li>▶ Review the intervention mix and the respective objectives:               <ul style="list-style-type: none"> <li>- Is it clear how each intervention either adds value or reduces costs to the target audience?</li> <li>- Is it clear what each intervention is intended to do and how it affects the desired change?</li> <li>- Taken together, will the overall mix of interventions reach enough of the target audience often enough to have the desired impact?</li> <li>- 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?</li> </ul> </li> </ul>

## PHASE 3: CREATE THE MARKETING STRATEGY

The centerpiece of your social marketing program is articulating what you are setting out to achieve and how you'll do it. Based on the research findings, begin by selecting a target audience segment and the desired behavior to be promoted. Then, specify the benefits the target audience will receive for doing that behavior. These must be benefits the target audience really cares about and that your program can actually offer. You may also specify key barriers that the program will help the target audience overcome in order to perform the desired behavior.

What's Different	How You Can Help
<p><b>Targeting some, not all.</b> Your strategy likely will focus on the largest audience segments that are more ready to change. This focus enables you to tailor what you are offering to the defined target audience, which improves efficiency and effectiveness. But it means your program will not be reaching everyone equally, an outcome that sometimes presents political difficulties.</p> <p><b>Audience profiles.</b> These are rich descriptions of your target audiences, designed to give planners a textured, research-driven picture of whom you aim to reach and influence.</p> <p><b>Exchange, or creating an offering, not a message.</b> Your program must offer the target audience meaningful benefits in exchange for adopting the desired behavior. This offering must be clear, readily available, and appealing to your audience.</p> <p><b>Interventions that address key determinants.</b> It is likely that the strategy you review will contain a mix of interventions. Each one should clearly address one of the identified behavioral determinants, with an emphasis on key benefits and barriers.</p> <p>Finally, your research may indicate that existing programs/services need improvement or replacement because they don't reach the right audience or because they fail to meet key audience needs. This may ruffle feathers, but keep your health objectives in mind.</p>	<ul style="list-style-type: none"><li>▶ Most importantly, allocate available resources for this critical phase of the process.</li><li>▶ Make sure that timelines and roles and responsibilities seem clear and reasonable.</li><li>▶ Confirm that any required review/clearance and procurement mechanisms are clear and in place.</li><li>▶ Review the research report to look for the following:<ul style="list-style-type: none"><li>- What most distinguishes key audience segments from one another?</li><li>- Which target audiences appear most ready to change? And why?</li><li>- What benefits and barriers do target audiences ascribe to the desired and competing behaviors?</li><li>- What appear to be attractive exchanges for the respective audience segments?</li></ul></li><li>▶ Remember that <i>you</i> are not the target audience.</li></ul>

## PHASE 4: PLAN THE INTERVENTION

This phase involves developing interventions and tactics in four possible areas: new or improved products or services, staff training, policy change, and communication. These processes and considerations involve keeping on strategy, ensuring that each intervention addresses the respective target benefit or barrier, is accessible and appropriate for the target audience, and is ready to go when it needs to be. You and your staff will develop a plan, timeline, and budget for each of the proposed interventions, and highlight where key partners and stakeholders are needed and how to engage them. At the end of this phase, you should have a comprehensive workplan that describes and ties together all the pieces.

What's Different	How You Can Help
<p><b>Keep focused on the target audience.</b> The program is for the audience, not the implementers. If you or your staff become strongly invested in a particular approach, get suspicious. Ask yourselves how you know this is what the audience wants.</p> <p><b>Delivery, reach, and outcome objectives.</b> The intervention components of the overall plan must reach enough of your target audience, and must deliver what they want and need in order to make an evident impact.</p> <p><b>Interaction between interventions:</b> You want repeated exposure to your products, services, and messages. Plan to reinforce and repeat.</p> <p>It is better to do a few things very well than more things insufficiently.</p>	<ul style="list-style-type: none"><li>▶ Review the overall workplan:<ul style="list-style-type: none"><li>- Are the respective objectives of each activity clear, feasible, and on-strategy?</li><li>- Are roles and responsibilities clear and feasible?</li></ul></li><li>▶ Do timelines and budgets appear reasonable and fit your departmental schedules?</li><li>▶ Are necessary review/clearance and procurement mechanisms clear and in place?</li><li>▶ Review rationale and technical content for proposed modifications/improvements:<ul style="list-style-type: none"><li>- Does each of the proposed activities support the overall strategy?</li><li>- Do they clearly offer the benefits sought by the target audience?</li><li>- Do they lower or remove key barriers?</li></ul></li><li>▶ Have the activities been pre-tested and revised based on the findings?</li></ul>

## PHASE 5: PLAN PROGRAM MONITORING AND EVALUATION

During this phase, you determine what information needs to be collected, how the information will be gathered, and how the data analysis and reporting will take place. Social marketing is based on an iterative design model, so monitoring data are used to both ensure the program is being implemented as planned and to examine whether your strategy and tactics are suitable or need tweaking. You also will put a proverbial finger in the wind to consider if environmental factors (such as policies, economic conditions, new programs, structural change or improvement) have changed in ways that affect your program.

You and your staff also will design a research plan to evaluate the effects or outcomes of the social marketing program. This will involve examining whether:

- Desired effects were achieved
- Observed effects can be attributed to your program
- The underlying logic of the intervention and its relationship to desired effects are sound

As you know, good program evaluations are highly prized by policy-makers and funders, but rarely paid for. These evaluations can be modest or extensive, but should be designed to maximize the available resources. So, at an early point in this process, you will want to assess not only resource needs but also what you can make available for these purposes.

What's Different	How You Can Help
<p><b>Gather data to understand “How we are doing” so the program can be adjusted and improved.</b> Your target audience’s exposure, message recall, and opinion are primary concerns here.</p> <p>You will assess indicators that reflect the behavior change objectives that were set, rather than the ultimate epidemiology or the morbidity / mortality objective. For example, the evaluation design might examine changes in audience perceptions of consequences, or self-efficacy to performing the desired behavior.</p>	<ul style="list-style-type: none"> <li>➤ Allocate available resources for this critical phase of the process.</li> <li>➤ Make sure that timelines and roles and responsibilities seem clear and reasonable.</li> <li>➤ Confirm that any required review/clearance and procurement mechanisms are clear and in place.</li> <li>➤ Review the research report to look for the following:               <ul style="list-style-type: none"> <li>- What most distinguishes between key audience segments?</li> <li>- Which target audiences appear most ready to change? And why?</li> <li>- What benefits and barriers do target audiences ascribe to the desired and competing behaviors?</li> <li>- What appear to be attractive exchanges for the respective audience segments?</li> </ul> </li> </ul>

## PHASE 6: IMPLEMENT THE INTERVENTION AND EVALUATION

Finally, after all the planning, you are ready to implement the program and the evaluation. This phase walks through steps for launching the program; producing materials; procuring needed services; sequencing, managing, and coordinating the respective interventions; staying on strategy; fielding the evaluation; capturing and disseminating findings and lessons learned; and modifying activities as warranted.

Not fully implementing the program plan is one sure way to produce mediocre results, so you will need to stick to the identified strategy while the interventions have adequate time to unfold and reach intended target audiences. At the same time, your monitoring plan should be alerting you to any issues that require urgent attention or modification. Staying on top of important stakeholder and partner perspectives and concerns is an important function during this phase.

What's Different	How You Can Help
<p><b>Monitoring data-driven, mid-course corrections, as appropriate.</b> You and your staff must feel comfortable making necessary adjustments to the strategy and tactics if something's not working. You should be brought in to review and approve any proposed changes, and defend staff as needed.</p>	<ul style="list-style-type: none"><li>▶ Establish an appropriate schedule of project updates — both technical and financial.</li><li>▶ Help your staff to stick to the strategy. This may entail either giving them a buffer from external pressure, or questioning sudden opportunistic departures from the strategy or program plan.</li><li>▶ Monitor the perspectives and concerns of partners and stakeholders.<ul style="list-style-type: none"><li>- Are partners pleased with the program's direction and progress?</li><li>- Are stakeholders apprised and supportive of the project and its accomplishments?</li></ul></li></ul>

## DETERMINING BUDGETS AND FINDING FUNDING SOURCES

Editor's Note: The chapter entitled "Determining Budgets and Finding Funding Sources" is reproduced in the print version only of this publication (pages 12-25). Under copyright agreements with the publisher, this content is not available online. To view this content, you may refer to the original book by Kotler, Roberto and Lee (see below), or request a printed copy of *The Manager's Guide to Social Marketing* by contacting Turning Point at 206-616-8410 or [www.turningpointprogram.org](http://www.turningpointprogram.org) (complete information on the back cover). We apologize for any inconvenience.

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## FINDING AND WORKING WITH A GREAT ADVERTISING OR PUBLIC RELATIONS AGENCY

Developed by: Colleen Stevens, M.S.W., Chief, Media Unit, Tobacco Control Section, Department of Health Services, California. Reprinted with permission of the author.

*Editor's Note: Although this section was developed for tobacco prevention and control programs, the points are applicable to other settings and program areas.*

### Qualities to Look for in an Agency

The very first step toward achieving an effective advertising campaign is to get a good agency and build a strong partnership with them. The agency that will be most successful at supporting the comprehensive tobacco prevention movement, or your social marketing cause, will have all or most of the following qualities:

- **An understanding of the strategic and political realities of the issue** — For example, for a tobacco counter-marketing campaign, the agency should understand the history of tobacco control; who the players are and what they contribute; what is happening at the local, state, and national level; and what smokers and nonsmokers believe and think about tobacco use and exposure to secondhand smoke. The agency also should have the ability to be responsive to, and flexible within, the changing tobacco environment. If they do not have this knowledge or expertise when you hire them, you must take responsibility to help them develop it.
- **An understanding of their partnership with the state** — Advertising and public relations agency personnel will become an extension of state staff. Their personnel will have a close connection to media outlets, local events, and local programs' staff. They must encourage state staff to be bold and daring, even when bold and daring ads seem less likely to be approved by the more cautious executives who must approve the campaign. One must make every effort to educate those in power regarding the need to stay focused on the strategic goals of the campaign. The agency must have the expertise for strategically countering and outmaneuvering the tobacco industry tactics designed to influence and addict the public. At the same time, these agency personnel must realize that they are representatives of their client, which means they must be cognizant of the bureaucratic realities, and they must appropriately represent the client's position with regard to policies and strategies.

- ▶ **Superior creative expertise** — Finding an advertising/public relations team that can produce powerful, effective ads and marketing tools that will move the social norm in the right direction, while maintaining a positive partnership with state program staff and local programs, can be a challenge. Agencies proposing to lead California’s tobacco education media campaign have all submitted creative ideas that, taken alone, make them appear to be outstanding. However, an ongoing campaign requires more than just one shot of brilliance, so an agency’s history, depth of client experience, and their subcontractors’ ability to extend the reach of messages to as wide an audience as possible must all be considered.
- ▶ **Appropriate size and fiscal history** — The size of the agency is important. The agency should be large enough to staff the contract appropriately and handle the fiscal responsibilities, yet the agency must be small enough to consider your contract a high priority account. The agency needs to have sufficient experience, depth of personnel, and infrastructure to support your contract's size and complexity.
- ▶ **Leadership and “good chemistry”** — It is essential to find out during the bidding/proposal process just who exactly will be assigned to the account and their level of commitment and experience. Insist that the people with whom state staff will be working on a day-to-day basis are the same people who are involved in the presentations before the contract is awarded. Do not award a contract to a great group of advertising pitch professionals who will disappear mysteriously when the less glamorous work begins. Additionally, the agency’s senior account management staff must have passion for, and dedication to, the goals of your issue.

It also helps if state and agency personnel have that intangible quality called “good chemistry,” which makes for clear communication, discussion, and negotiations and trust — rather than a tiring, tedious, tangled web of distrust and miscommunication. Good chemistry is enhanced by the state staff’s experience with media and public relations principles and objectives as well as the agency staff’s experience with government, public health, and social norm change campaigns. It also helps when the state staff displays creativity and innovation that will support and challenge the staff of the advertising agency. Clues to the presence or lack of chemistry are first visible during the proposal review process. If the state’s proposal evaluators have difficulty understanding the written proposal, and the oral presentation does not reveal direct links between agency creative and the state’s needs, it is unlikely that good chemistry will be present in the day-to-day interactions of agency and state personnel.

It is very important to allow a question-and-answer discussion period at the end of the oral presentation or sometime during the proposal process, which will give the proposal evaluators an opportunity to see how state and agency staff will interact and relate.

- **No conflict of interest** — The tobacco industry business web is enormous. Your advertising team cannot serve two masters, so they must be required to disclose any potential conflict of interest, including agency staff's business ties and the agency's client base. It can be a sacrifice for an agency to take on a tobacco education media contract because it means refusing business with tobacco companies and all of their subsidiaries and affiliates; the same is true of subcontractors and public relations firms.

### **Selecting the Proposal Review Team**

The criteria for selecting the proposal review team are as important as criteria for contractor selection. Reviewers who understand the advertising business and its jargon and who can separate substance from glitz are essential. Advertisers and public relations agencies are experts at glitz and selling their own business, and, unfortunately, in too many proposals, the gimmicks outweigh the substance. Clearly state in the Request for Proposal that you want the responding agency's proposal format to focus on substance, without gimmicks and glitz. The emphasis should be on the strength of the proposal and the probability that the agency can deliver on its plan. Also, it is important to have reviewers who can decipher media cost proposals, which can be quite complex, especially for those not versed in the language of media. The ideal combination of reviewers is one-third program staff, one-third constituency members, and one-third advertising/public relations experts.

### **Working Effectively with the Agency You Hire**

After the best agency is selected, their expertise must be heard. They were hired to give expert advice from their unique professional perspective. Their advice must be combined with the public health and issue knowledge on the part of program staff. Marrying the power of advertising and the principles of public health can sometimes be a rocky marriage. Copywriters and creative directors fall in love with their advertising, and it is necessary at times to take them back to the foundation strategies and goals of the program and/or the political realities of the current situation without demotivating them.

Placing and targeting the ads may become a source of conflict between the advertising and public health experts. Public health groups may want a commercial for every possible target population, but that will scatter and dilute the messages, not to mention the budget-breaking cost. Instead, the program must rely on strategically-targeted placement of a few key messages based on proven strategies. The California program, for instance, normally runs no more than three general market television spots at any given time, with sufficient repetition to be memorable, without wearing out the freshness of the messages.

Another balancing act is between gaining maximum input from the constituency and target groups while avoiding becoming bogged down in “creative by committee.” It is essential to consult with constituents and local programs to make sure the message is on target and on strategy, so program activities and media will support, supplement, and magnify one another. Media is a tool to help the local programs get their job done. If media is developed without their participation, local program staff cannot plan effectively, nor can they integrate the media into their program plan. At the same time, the decision making for the creative work must rest with a core group of individuals who can weigh all of the considerations involved in conducting an effective health advocacy campaign.

While “creative by committee” can be fragmented and scattered, “creative by state bureaucracy” can be an even worse disaster. Both the state tobacco control program and its advertising agency must be empowered and challenged to produce bold, brazen, fresh, and extraordinary advertising that can compete effectively with the flood of advertising messages of all kinds, including those from pro-tobacco forces that inundate the public.

Lastly, be prepared for criticism. No matter how strategic, attention-getting, and effective your media campaign is, someone is not going to like it, and John Q. Public is much more likely to write or email his issue with the campaign than congratulate you on your successes. Train yourself and your management to stand firmly behind strong strategic ads, and remember that ads that are “politically correct” and guaranteed to offend no one are doomed to fail to reduce tobacco use.

## SAMPLE JOB DESCRIPTION

From the North Carolina Department of Health and Human Services, Division of Public Health

*Editor's note: Some health departments have developed in-house expertise in social marketing. This sample position description may be helpful if you are considering hiring social marketing staff within your department.*

### **Primary Purpose of the Position**

The primary purpose of this position is to provide consultation, technical assistance, professional development/training, and management support in the area of social marketing for the North Carolina's Division of Public Health.

Social marketing is the application of commercial marketing strategies and tactics to bring about beneficial changes in behavior among members of a select, and narrowly defined, target audience. Social marketing uses mass communication, education, and behavioral science to tailor behavior change interventions so members of a target audience will more likely adopt the desired health-related behavior(s). Social marketing is deeply rooted in methods of consumer research, commercial marketing, formative evaluation, and pre-testing and behavioral theory.

Social marketing programs are characterized by:

- ▶ Their focus on beneficial behavior change
- ▶ The absence of profit or gain as a motive of the sponsoring agency
- ▶ Their reliance on empirical data for decision making

This position will work across program and administrative units within the Division of Public Health (DPH) to provide the following services:

- ▶ Consultation and technical assistance with the design and development of public health social marketing interventions and programs
- ▶ Technical assistance to DPH staff in the collection, analysis, and use of relevant social marketing data including, but not limited to, information from health marketing databases such as PRIZM (Claritas)

- Design, development, and establishment of appropriate administrative and management systems, procedures, and policies to ensure the highest professional level of social marketing programming within the Division of Public Health
- Review and evaluation of state-level public health social marketing programs
- Research and development of training and professional development opportunities in social marketing and health communication for public health personnel
- Consultation and technical assistance to regional health education consultants and the Office of Healthy Carolinians
- Participation in local and national social marketing activities and programs, including social marketing training and professional development opportunities
- Resources permitting, technical assistance, and support to local public health agencies in the design, development, implementation, and evaluation of social marketing initiatives

This position not only requires a professional level of technical knowledge in social marketing, health communication, and public health program development, but also strong administrative and management skills since some of the work will involve capacity development and institutionalization within the Division of Public Health.

### **Description of Responsibilities and Duties**

#### **➤ 40% - Consultation and Technical Assistance to DPH**

Provide technical assistance and consultation to DPH program and/or administrative units in social marketing and health communication. This work will require the employee to work directly with program managers and their staff — specifically health educators who have been assigned social marketing and/or health communication responsibilities. In addition, the employee may be called upon to provide similar technical assistance and consultation to a local public health agency. In this capacity, the employee will serve as a primary link between state and local public health efforts to bring about health-related behavior change. This employee will be a primary source of support and assistance for capacity building in the areas of social marketing and health communication.

#### **➤ 20% - Consultation, Technical Assistance and Training to Regional Health Education Employees**

A primary responsibility of this employee will be to coordinate training and consultation to regional health education employees in the areas of social marketing and health communication, thus expanding the capacity of the state to support effective public health interventions at the local level. In some cases, this

employee may be asked to assist with developing social marketing capacity for local Healthy Carolinians coalitions. In such cases, this employee would work with, and through, regional health education employees and the Office of Healthy Carolinians.

► **20% - Coordination and Assessment of Continuing Education and Training in Social Marketing and Health Communication**

Coordinate continuing professional education and training activities in the areas of social marketing and health communication for both state and local public health staff. This would include, but not be limited to, managing the “Media Facilitator” training program that is currently offered annually to state and local health department employees. The employee will be expected to direct the ongoing assessment of social marketing and health communication training and perform needs assessment activities in support of additional training development.

► **10% - Administrative and Management Systems Capacity Development to Support Social Marketing**

This employee will be assigned responsibilities in the area of institutional capacity development, specifically, providing consultation and support for the development of management and administrative systems, policies, and/or procedures within Health Promotion Disease Prevention (HPDP) to ensure a professional level of quality for public health social marketing programs. In addition, the employee will be expected to initiate and manage an information dissemination program to inform public health agencies and their partners about recent developments in the field of social marketing and health communication.

► **5% - Public Awareness Advisory Committee/North Carolina’s Turning Point**

This employee will be expected to participate as a member of the North Carolina Public Awareness Advisory Committee and (for its duration) the North Carolina Turning Point Steering Committee.

► **5% - Other Responsibilities**

This position will have routine responsibilities within HPDP or other programmatic units within DPH. These duties may include participation in various section or branch meetings as assigned by the supervisor. The employee will be required to develop an annual work plan that will be the basis for his/her work. This plan, along with regular progress reports, will be provided to the supervisor and evaluated against appropriate performance measures.

## **Knowledge, Skills, Abilities, and Training and Experience Requirements**

The employee must have significant levels of experience, knowledge, skills, and demonstrated ability in the following areas:

- ▶ Public health social marketing
- ▶ Health communication
- ▶ Health promotion and health education program design and implementation
- ▶ Marketing research and data analysis
- ▶ North Carolina's public health system
- ▶ Adult education, training, and professional development
- ▶ Public health program evaluation
- ▶ Developing and sustaining professional, interpersonal relationships
- ▶ Presenting ideas and information effectively, including the ability to write coherently and articulate complex ideas both orally and in writing
- ▶ Applying electronic technology to emerging problems in the area of public health social marketing and health communication

## “MY MODEL”: A TOOL TO HELP YOU DEVELOP YOUR CAMPAIGN

<b>Target Audience</b>	In order to help this specific target audience:
<b>Behavior Change</b>	Do this specific behavior:
<b>Exchange/Benefits</b>	We will offer these benefits that the audience wants:
<b>Strategy</b>	And lower these barriers, address these “P’s”:

### Through these intervention activities and tactics:

Activities and Tactics	Behavior Change Goals	Program Delivery and Reach Objectives	Outcome Objectives	Resources Needed
Start text here	Start text here	Start text here	Start text here	Start text here

“My Model” 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](http://www.turningpointprogram.org).

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

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

Weinrich, Nedra Kline (1999). *Hands-On Social Marketing*. Thousand Oaks, CA: Sage Publications.

### Other Books and Articles

"Handbook for Excellence in Focus Group Research," prepared for the U.S. Agency for International Development, Porter/Novelli and Academy for Educational Development, Washington, DC. Debus, M. (1988). Order from [www.aed.org](http://www.aed.org).

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

Prochaska, J. and C. DiClemente (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., K. Woodruff, L. Dorfman, I. Diaz (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 some examples of public health campaigns:

- ▶ The White House Office of National Drug Control Policy's National Youth Antidrug Media Campaign: [www.mediacampaign.org](http://www.mediacampaign.org).
- ▶ CDC and other agencies' Youth Media Campaign to help youth develop exercise and eating habits that will foster a healthy life: [www.VERBnow.com](http://www.VERBnow.com) and [www.bam.gov](http://www.bam.gov).
- ▶ The National Highway Traffic Safety Administration's Buckle Up America! Campaign to increase seat belt and safety seat use: [www.buckleupamerica.org](http://www.buckleupamerica.org).

- CDC's Choose Your Cover to promote sun protection:  
[www.cdc.gov/ChooseYourCover/](http://www.cdc.gov/ChooseYourCover/).
- The National Cancer Institute's 5-a-Day campaign: [www.5aday.gov](http://www.5aday.gov).
- The Robert Wood Johnson Foundation's Covering Kids to increase enrollment in children's health insurance: [www.coveringkids.org](http://www.coveringkids.org).
- HRSA's Insure Kids Now! to increase enrollment in children's health insurance:  
[www.insurekidsnow.gov](http://www.insurekidsnow.gov).
- NY Monroe County's adolescent pregnancy prevention communications program "Not Me, Not Now:" [www.notmenotnow.org](http://www.notmenotnow.org).
- The American Legacy Foundation has several ongoing anti-tobacco campaigns:  
[www.americanlegacy.org](http://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](http://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](http://www.cdc.gov/communication/cdcynergy_editions.htm).
- The Social Marketing Institute's goal is to advance the science and practice of social marketing. The Institute's site includes many case studies and success stories: [www.social-marketing.org/index.html](http://www.social-marketing.org/index.html).
- Tools of Change is a Web site founded on the principles of community-based social marketing. It offers specific tools, case studies, and a planning guide for helping people take actions and adopt habits that promote health or environmental issues: [www.toolsofchange.com](http://www.toolsofchange.com).
- The Social Marketing in Public Health conference, held annually in June at Clearwater Beach, Florida, 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: [www.publichealth.usf.edu/conted](http://www.publichealth.usf.edu/conted).
- Turning Point's Social Marketing National Excellence Collaborative provides resources to integrate social marketing into public health practice. Visit [www.turningpointprogram.org](http://www.turningpointprogram.org) to read, order, or download:

***The Basics of Social Marketing***

This self-guided tutorial outlines the fundamentals of social marketing.

***CDCynergy — Social Marketing Edition***

This is a comprehensive, CD-ROM based, health planning tool.

### ***Social Marketing Resource Guide***

This resource includes a PowerPoint presentation for teaching the basics of social marketing.

### ***Social Marketing and Public Health: Lessons from the Field***

This guide offers the following 12 case studies and concrete examples and rates their strengths and weaknesses.

*Case Study 1: Sacramento PMI: Community Members Reducing HIV Risk:* Details the CDC's large-scale program to promote condom carrying among youth aged 14 to 18 who are at high risk of contracting HIV and STDs.

*Case Study 2: Changing Traditions: Preventing Illness Associated with Chitterlings:* Describes the low-cost, innovative, and culturally-aware program used by Atlanta health officials to engage the African American community in reducing food-borne illness.

*Case Study 3: Street Vendors and Food Safety: A Community-Building Example:* Shows how an ethnically-diverse community in Oakland brings food vendors and food safety experts together to craft solutions.

*Case Study 4: Florida Cares for Women: A Social Marketing Approach to Breast Cancer Screening:* Explains how social marketing is used to increase the number of uninsured and underinsured women using low-cost breast-cancer screening services.

*Case Study 5: A Social Marketing Campaign to Promote Low-Fat Milk Consumption in an Inner-City Latino Community:* Recounts how cultural barriers to low-fat milk consumption are overcome by building support through the community for healthier choices.

*Case Study 6: Project LEAN: A National Social Marketing Campaign:* Relates a large-scale initiative of the Henry J. Kaiser Family Foundation to promote healthy dietary choices in the settings where people make those choices.

*Case Study 7: Make More than a Living, Make a Difference: Recruitment and Retention of Long-Term Care Workers in Kenosha County, Wisconsin:* Describes an urban-area program designed to build a more positive image of long term care workers, stimulate increased applications and hiring, and enhance retention rates in a critical health industry.

*Case Study 8: When Free Isn't Enough: Maine Breast and Cervical Cancer Health Program:* Provides details of a social marketing program to increase breast cancer and cervical cancer screenings among low-income women. The program identified and addressed structural issues about the enrollment process that were the primary barrier to screening (rather than lack of knowledge).

*Case Study 9: Oregon's Air Quality Public Education and Incentive Program:* Explains a Portland program encouraging voluntary behavior change to combat air pollution, including reducing automobile use, aerosol spray use, and use of gas-powered mowers.

*Case Study 10: The National Women, Infants and Children (WIC) Breast-Feeding Promotion Program:* Details a comprehensive, national program designed to promote breast-feeding among economically disadvantaged families that included addressing the social barriers to breast feeding.

*Case Study 11: A Social Marketing Approach to Involving Afghan Immigrants in Community-Level Alcohol Problem Prevention:* Discusses a community-based program that used "values-based benefits" to counteract unhealthy alcohol use among Afghans who had recently immigrated from a culture that values alcohol abstinence.

*Case Study 12: STOP IT NOW! Vermont: An Innovative Social Marketing Approach to Preventing Child Sexual Abuse:* Explains a campaign that is a departure from programs that focus on helping children who have been victimized. This program focuses on getting adults — including abusers and their friends or family — to voluntarily reach out for help and prevent abuse before it occurs.

## Notes

1. Kotler, P., & Armstrong, G. (2001). *Principles of Marketing* (pp. 528-529). Upper Saddle River, NJ: Prentice Hall.
2. Kotler & Armstrong, *Principles of Social Marketing*, p.529.
3. The steps referred to here are those in *Social Marketing: Improving the Quality of Life*.
4. Foundation Center. Retrieved 6/8/2001 from their Web site, topic "Researching Philanthropy," Foundation Center Stats at [http://fdncenter.org/fc\\_stats/index.html](http://fdncenter.org/fc_stats/index.html) [www.fdcenter.org](http://www.fdcenter.org)
5. Kotler, P., & Andreasen, A. (1991). *Strategic Marketing for Nonprofit Organizations* (p. 285). Englewood Cliffs, NJ: Prentice Hall.
6. Source: Press Room — Bill & Melinda Gates Foundation (2000). "I Am Your Child Foundation Receives \$1 Million Grant From the Bill and Melinda Gates Foundation." Retrieved 6/8/01 from <http://www.gatesfoundation.org/pressroom/release.asp?PRindex-325>.
7. Pringle, H., & Thompson, M. (1999). *Brand Spirit: How Cause Related Marketing Builds Brands*. New York: John Wiley; Earle, R. (2000). *The Art of Cause Marketing*. Lincolnwood, IL: NTC Business Books.
8. Kotler, P., & Andreasen, A. (1991). *Strategic Marketing for Nonprofit Organizations* (p. 319). Englewood Cliffs, NJ: Prentice Hall.
9. Ad Council. (2001). Retrieved from Web site 10/10/01 at [www.adcouncil.org](http://www.adcouncil.org) and [www.adcouncil.org/body\\_about.html](http://www.adcouncil.org/body_about.html)
10. Stone, M.E. (2001, Second Quarter). Guest Columnist. *Media Inc.*, 30-31.
11. Smith, W., & Benstein, R. (1999). *Let Kids Lead*. Washington, DC: Academy for Education Development.

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