Social Marketing: A Strategy to Take FIMR Recommendations to Action

An Addendum To Sustaining The FIMR Program: A Toolkit
SOCIAL MARKETING:
A STRATEGY TO TAKE FIMR RECOMMENDATIONS TO ACTION

AN ADDENDUM TO SUSTAINING
THE FIMR PROGRAM:
A TOOLKIT

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Social Marketing: A Tool for FIMR Programs

FIMR is a process designed to bring change to community perinatal and health systems. The FIMR process collects and analyzes information in order to understand what is happening and to identify service and system strengths and problems. However, the FIMR process should not stop at the point of identifying barriers, problems and strengths. The next stage is taking those findings and recommendations to action - making changes in systems and processes or in human behavior. Some recommendations are easily implemented while others are more complex, requiring use of a variety of strategies directed to several audiences.

Social marketing is a planning and implementation strategy designed to influence action using concepts from commercial marketing (online www.social-marketing.org). It is a tool that can be used to implement some FIMR recommendations.

The purpose of this document is to define social marketing, to discuss the components of an effective social marketing program, and to provide examples of how FIMR programs can integrate social marketing concepts and practices into their work. In addition to this basic primer, we include a variety of resources in appendices to expand and consolidate your understanding of social marketing.
As you read through these sections, do not be intimidated. Remember, you don't have to do this alone. FIMR programs work in teams. Don't be afraid to involve members of your teams and outside experts as you undertake a social marketing program.

Social Marketing Defined
Social marketing is a form of marketing that focuses on changing behavior for the benefit of society rather than for the benefit of a commercial interest. “So many...pressing public health problems have roots in behaviors of key people. Marketers have learned the art and science of influencing people to take certain action steps, so it makes sense that conscientious public health practitioners would want to use all approaches that work. Social marketing, when applied correctly, works.” Fred Kroger, former Director of CDC’s Department of Communications and the America Responds to AIDS Program, continues, the “wisdom of the market place tells us people are willing to adopt new ways of doing things if it becomes worth their while.” (Palmer) This explains the conceptual framework of marketing - the exchange theory: In order to get someone to change their behavior, you must give them something that they want.

Behavior Change Strategies
Marketing is one of three basic strategies to change behavior. The other two strategies are education and force. Each of these strategies is effective in some situations. (Rothschild)

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**Consumer Orientation**
Clearly if you want people to voluntarily change an existing behavior or adopt a new behavior, you will need to understand “what’s in it for them.” Both marketing and social marketing spend a significant amount of time and resources to learn about their target audience. Market research can answer questions about what the consumer is doing now, why the consumer does it, what it would take to interest the consumer in making a change and how to reach the consumer.

**Willingness to Modify the Product**
Product, in marketing and social marketing, are somewhat different. For example, commercial marketing products are soap or automobile brands. Social marketing products are behaviors - putting a baby on its back to sleep or breastfeeding your baby. Both marketing and social marketing critically examine their “product” as they learn more about the target audiences’ needs and wants. Both are willing to change some aspects of the product to make it useful or desirable to the consumer, e.g., changing hospital procedures to make it easier for mothers to breastfeed newborn infants. Other behavior change strategies may focus on changing the consumer to fit the product rather than the product to fit the consumer.

**Data Driven Decision Making**
Social marketing is a systematic planning model that integrates elements from demographics, psychology, sociology, epidemiology, health communications, education, advocacy, and marketing. This document will focus on a planning model that segments the target audience into smaller groups, sets behavioral objectives for each group, and identifies the determinants of behavior to address for each group (Model adapted from C. Bryant, PhD, Social Marketing in Public Health Conference June 2000).
Planning a Social Marketing campaign

Step 1: Who do you want to reach?

Determining the audience you want to reach is one of the first key decisions that you will make. Because society is not homogeneous, social marketing divides the target audience into smaller groups or segments that have certain characteristics in common. This is called audience segmentation and is the basis of all forms of marketing.

How to segment an audience

Begin to segment your audience by thinking about whom you want to reach.

✦ Who is in your target audience?
✦ Who is in a position to influence your target audience?
✦ What do you already know about your audience?
Example of Initial Audience Segmentation

Target audience - pregnant women who smoke.

What I already know:

✤ Some women are social smokers
✤ Some women smoke under a pack a day
✤ Some women smoke over a pack a day
✤ Pregnancy can be a strong motivator for attempting to quit
✤ Smoking is influenced by friends, spouse, and family
✤ A brief intervention delivered by a health care provider is effective.

As you answer these questions you will be able to form initial groupings or segments. Write them down and continue to add information as you work through the process.

Variables to further segment your audience

Market research can give you information needed to break these initial groups into smaller groups with more in common. Some commonly used segmentation variables are demographics, psychographics, history, desired benefits and readiness to change. A great deal of existing research is readily available from the published literature, online and, if you look around, your community. Appendix A contains suggested sources for information related to the following types of segmentation.

Demographics

Demographics (age, educational level, income, residence, sex, race and ethnicity) are powerful tools used by commercial marketing firms to segment an audience. Public health also stratifies population groups by demographics. Compare the advertising between magazines targeted to teenagers (e.g. Seventeen) and young adult women (e.g. Redbook) to get an idea about how female target audiences are segmented demographically.
Psychographics
Another powerful way to segment an audience is by their values, attitudes and opinions. Look at political campaigns and advocacy campaigns for health, social and environmental issues to find examples of this type of audience segmentation. WIC’s National Breastfeeding Project, Loving Support Makes Breastfeeding Work, focused on the special loving bond a nursing mother shares with her baby rather than medical benefits.

History
History can refer to current and past behavior, use of services from your organization, preferences for specific types of learning experience, or specific geographic areas preferred for services. Continuing education programs frequently include questions on surveys and course evaluations about types of training programs preferred and used, preferences for location, etc.

Desired benefits
It’s important to identify the benefits that are attractive to your audience segments. Those benefits may not be the ones that you think are most attractive or compelling. Customer satisfaction surveys, focus groups, and research published in the literature provide insights.

Readiness to change
Behavior change is incremental. “People at different stages in the change process behave in qualitatively distinct ways and the interventions needed to move people toward the desired behavior vary by stage.” (Holtgrave) Placing individuals along this continuum of change allows you to focus on moving them from one stage to the next.
EXAMPLE of Readiness to Change as a Segmentation Variable

Problem: FIMR programs identify maternal smoking as a risk factor in many cases that they review.

Segmentation:
Broad group: Women of child bearing age

Segments to target:
Women planning to become pregnant
Women who are sexually active
Women who are pregnant
Health care providers

Additional segmentation of pregnant women by readiness to change:
Pre contemplation - Women need interventions to raise or create awareness about the benefits of quitting smoking during pregnancy.
Contemplation - Women begin to seriously think about quitting and need information about how to quit.
Preparation - Women make a commitment to quit and begin to prepare to quit.
Action - Women quit smoking (lasts from day 1 through 6 months).
Maintenance - Women remain non-smoking beyond the initial 6 month period.

Adapted from the Stages of Change model developed by Prochaska et al 1992. Online March 2001

Selecting Segments to Target
FIMR team members may articulate a concern that targeting specific audiences deliberately leaves other groups out. That is true; however, remember that existing programs are not effectively reaching everyone now. For example, FIMR programs have found that the Back to Sleep campaign has not reached minority groups and people who speak very little English.

As a rule, it’s not economically feasible to develop multiple campaigns that will address all audience segments simultaneously. Often you need the help of one group to reach other groups. You
may need to work within a short timeframe. So, it’s important to carefully select the segments that you will target first, second, and later as resources are available.

Factors to consider in selecting segments to target

**Size:** Is the segment too large to successfully reach or too small to have an impact?

**Potential impact:** Different groups have different impact. Studies of diffusion of innovation suggests that early adapters are community leaders who are receptive to trying new behaviors or products. Targeting them can give you an early success. (Rogers) Community connectors know a lot of people and can spread the word very effectively. Mavens, the experts others ask for advice, are a key group because they can send people to you. These three groups are small but can have a big impact. Other audience segments, who adopt the behavior later in the diffusion process, will need to be larger to carry an equal impact. (Gladwell)

**Reachability:** Can you get to the target audience directly? Is it feasible and affordable to reach them?

**Influence on primary target:** Sometimes you need to reach other groups before you can successfully reach your primary target audience. Give priority to those groups that have the greatest influence on your primary target audience, e.g., health care providers may be more influential than political leaders if you want to encourage pregnant women to stop smoking.

**Market Research:** Is information needed for planning available or easily obtainable?

Market Research Provides Essential Information

Market research provides information needed to plan and implement your campaign. It will help you to learn about your target audiences’ interests, wants, needs, preferences, perceptions and habits. This information allows you to develop better and more narrowly focused audience segmentation and intervention strate-
gies. Market research can also help you to implement your social marketing campaign by identifying the language, words and phrases used by your audience. It can identify the benefits and barriers that resonate with your target audience. It can help you select the best places to put your information or services and the best ways to communicate with your target audiences.

Market research also will identify your competition. Today everyone has many demands on their time, resources, and attention. Those demands, even if not health related, are your competition.

Is it feasible to conduct market research with a limited budget and a small staff?
It is possible to do market research on a shoestring but it will cost something and does take time. However, the potential improvement in your social marketing program initiatives is worth it. Scattershot initiatives, targeting very broad audiences and designed to meet needs identified only by providers, may ultimately cost more in terms of wasted time and dollars. Appendix A contains resources for accessible and affordable market research.

Tips for Conducting Market Research on a Shoe String

**Use readily available market research.**

- Customer satisfaction surveys conducted by clinics and other providers for preferences, wants, and barriers.
- Abstractions from maternal interviews relating to specific issues, e.g., difficulty in keeping prenatal appointments.
- Secondary information from the Internet, e.g. CDC’s Behavior Risk Factor Surveillance Survey, National Health Interview, National Cancer Institute Consumer Health Profiles for demographics, readiness for change, psychographics.
Tips for Conducting Market Research on a Shoe String

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- National non-profits, e.g. the March of Dimes, for practice materials incorporating significant market research.

- Government clearinghouses for research and for materials based on research and practice.

- Radio station audience profiles for information about stations and shows your audience prefers.

- Focus group summaries developed by other organizations targeting the same population for qualitative information.

- Employer surveys for information about continuing education preferences and needs.

Do your own market research

- Add a question to your agency's other surveys that sample your target audience.

- Conduct your own focus groups (see Appendix B for guidelines).

- Work with your community planning office for demographic information.

- Conduct a literature review looking for psychographic research related to your target audience. Try searching PsycINFO and business focused databases in addition to MEDLINE.

Partner with local university marketing and communications program faculty. College students can create, conduct and analyze surveys and conduct focus groups. Their enthusiasm can motivate FIMR teams. This is actually a classic win-win scenario. You obtain market research without spending great amounts of time and money and students gain real world experience and materials for their portfolio and resumes.

Refer to Appendix A for additional information about market research and audience segmentation strategies, resources, and options.
STEP 2: Developing Behavioral Objectives

After you’ve defined your target audiences, the next step is to develop specific behavioral objectives for each audience segment. Because each segment is unique, objectives will vary among segments.

Objectives should relate to your overall goals and must be measurable. Ask yourself:

1. Does the objective help reach my goal?
2. Can I or can an intermediary observe the behavior?
3. Can I measure or document the behavior change?

Many of us are accustomed to writing and measuring process objectives, e.g., nurse specialist discussed smoking cessation process with 25 pregnant women. Behavioral objectives are more difficult to frame and to measure, e.g., after reading the handouts, pregnant women will be able to describe three strategies for managing symptoms of nicotine withdrawl. Don’t be afraid to set small incremental objectives. Gladwell in *The Tipping Point* documents the power of small changes in setting the stage for major social changes.

If you’re struggling with writing behavioral objectives, get some help from health educators and trainers. Both fields develop measurable behavioral objectives as part of their practice.

See Appendix C for additional suggestions about measuring change.

STEP 3: Selecting Factors to Address

After developing behavioral objectives, you will need to figure out how to achieve those objectives. Here again you will turn to your market research and literature review for answers. As you learn
more about your target audiences, you can figure out the decision making factors most likely to bring about behavior change. Some factors to consider are:

**Lack of knowledge:** Today, information increases almost exponentially. We often have trouble keeping up with new products, new research, changed recommendations, new procedures or policies. Audiences may need to learn something specific before they can make the behavior change.

The Back to Sleep campaign is an excellent example of this factor (new research and changed recommendations). Both providers and consumers needed to learn why they should change the accepted practice of putting infants to bed on their tummy.

**Unattractive benefits:** It’s critical to figure out what benefits are most attractive to your target audience. Think about your audiences’ wants as you select the benefits to feature.

Jacksonville Florida’s FIMR added an incentive program to the statewide Prenatal Passport initiative to increase appointment keeping for prenatal and early infant care.

**Unwilling to pay the price:** Price can be the monetary cost, the time spent, the inconvenience, the discomfort, fear of looking foolish, or other factors. You need to find a way to change the price so that it is acceptable.

Newborn tee shirts and disposable diapers printed with a “put me on my back to sleep” message help a new mother tactfully remind her mother (the new grandmother) that sleeping position recommendations have changed.

**Not fun:** If it isn’t enjoyable, people won’t try it.

People who have fun when they exercise are more likely to exercise regularly.
STEP 4: Implementing The Social Marketing Program

After you’ve identified your target audiences, completed your market research and set measurable behavior objectives, the next step is to develop your social marketing campaign. The tools you will use are called the marketing mix or the 4 P’s.

- **Product**
- **Price**
- **Place**
- **Promotion**

Hastings calls “the marketing mix ... a useful way of thinking about a problem. An intervention may have all 4 P’s or it might involve only one, depending on the circumstances.”

However, the Social Marketing Institute says “marketing efforts must incorporate all of the 4 P’s.” Is there a right answer? NFIMR suggests that you try to use all of the 4 P’s but don’t worry if you find that you can’t.

**Product**

In commercial marketing the product is tangible - soft drink, toothpaste, SUV. In social marketing the product may not be tangible. Product is what the program is trying to change in the target audience, e.g. smoking during pregnancy. (NCI) The key is identify the benefits of your product that are attractive to your target audience. To use a cliché, you need to sell the sizzle not just the steak.
EXAMPLE: Product - quitting smoking during pregnancy

The benefits:

✦ increased chances of a bigger and healthier baby
✦ lot’s of social support for quitting
✦ gaining ten pounds is not as big an issue
✦ not smoking may reduce the severity of morning sickness
✦ saving lots of money to spend on baby things

However, some pregnant women may believe that having a smaller baby will result in an easier labor and delivery. For them, having a smaller baby is a benefit related to smoking.

It’s also helpful to consider the best image for the product. Useful images include:

✦ It’s a smart choice
✦ Everyone does it
✦ A medical recommendation

For our product (quitting smoking during pregnancy), both everyone does it and a medical recommendation could be used.

Price

Look for ways to lower the cost of your product. In a social marketing program, price can mean many things beyond the financial cost of the product. When you plan your pricing strategy, consider these factors identified by your market research:

✦ Will it take too much time?
✦ What will the consumer’s friends and family think about it?
✦ Will the consumer look or feel foolish or embarrassed?
✦ What must the consumer give up to get it, besides cash?
EXAMPLE:

The price of quitting smoking during pregnancy:
- having no way to reduce stress
- feeling isolated from friends who continue to smoke
- gaining still more weight.

Look at comparable programs and figure out how they’ve managed the price considerations. Look at the price for your competition.

For example, you might look at the published research about social marketing campaigns addressing fetal alcohol syndrome to get ideas to use for a social marketing campaign addressing smoking cessation during pregnancy. How did they address feeling left out in social situations? How did they address alternative ways to reduce stress?

**Place**

Place can refer to many things:
- where you place information for your target audience
- where you place the services designed for your target audience
- where your audience spends time
- how you will distribute materials or products so they are available when needed.

Working with community partners may allow you to place information or services in sites that really reach the target audience.
EXAMPLE

Smoking cessation services and materials for pregnant women

- place in the obstetrician’s office, in a prenatal clinic or a WIC clinic.

Information about the risks of secondhand or environmental tobacco smoke to pregnant women and infants

- place in the community where families and friends see it - on billboards, bus cards, radio spots, or posters at worksites, beauty shops and grocery stores.

For example, movie theaters in Cumberland, Maryland run slides with a message encouraging people to not smoke when with babies.

Promotion

When many people think of social marketing, they initially think that it’s a type of promotion - usually a clever advertising campaign. It can be that but it can be many other activities and strategies that maximize the desired responses (online www.social-marketing.org):

- Professional training programs for key groups
- Information delivered to community connectors and respected opinion leaders
- Clinic based approaches
- Community based approaches
- The media
- Advocates working to change policies.
Tips for Using the Media for Social Marketing

Find out which radio and TV programs and personalities appeal to your target audience. The local stations have that information readily available in their advertising department.

Celebrity spokespersons, if your target audience admires the individual, can help break through the clutter and reach your audience. Local celebrities such as radio and TV announcers, sports figures and politicians often will donate time for compelling causes. Market your initiative to them, working through personal contacts, the community relations or press offices.

All media time slots are not equal. If public service announcements run when your target audience does not watch or listen, you may need to buy a specific time slot to reach your audience. Negotiate on cost, e.g., two free spots for each purchased spot. A media purchase can be a very effective use of funds if you do your homework. If an existing national spot fits your target audience and your desired action, add a local identification tag and use it.

A marketing truism is that people need to be exposed to the message 7 times before it registers. Develop an integrated campaign that includes newspaper articles and guest spots on selected local radio and/or television programs to complement your other promotion components. Roll out your promotional campaign incrementally so that something new appears every two or three weeks to keep it fresh.

Consistency is important when you use a variety of media. Use the same logo, the same slogan, the same overall look. And, be sure to use the language of your audience - you and your boss are probably not the target audience.

Step 5: Evaluation

Today it important to evaluate your efforts. When you evaluate your social marketing campaign, focus on both the process and the outcomes.
Evaluate the process to learn what works and to feedback information that will improve the campaign:

✤ Is it reaching the target audience? (Who responded?)
✤ Did you choose the correct target audience?
✤ Is the price acceptable? (Can or will your target audience participate?)
✤ Have you used the best organizations or people to distribute your materials?
✤ Are the promotional materials and strategies you developed effective?

Monitor outcomes to find out if the exchange occurred:

✤ Are you able to measure change?
✤ Was the change that occurred expected?

Channel your findings back into the campaign and make changes to improve your results.

See Appendix C for additional information about how to evaluate a social marketing campaign.
SOCIAL MARKETING: A STRATEGY TO TAKE FIMR RECOMMENDATIONS TO ACTION
FIMR Examples

Allegany County Maryland

Problem: Pregnant women did not understand how harmful smoking could be and their families didn’t realize that environmental tobacco smoke was harmful to both the pregnant woman and to infants.

Audience segments: Pregnant women, friends and families of pregnant women and new babies

Behavior Objective: Increase awareness of risks of environmental tobacco smoke to infants and pregnant women

Factors to Address: Lack of knowledge

Product: Increased awareness of importance of a smoke free environment for babies

Price: Quitting smoking or inconvenience of not smoking around pregnant women and babies.

Place: In local movie theaters and on the streets of Allegany County Maryland

Promotion: Slides with a humorous message run at the beginning of all local movies. Van wrapped with a message used for medical transport.

Contact Person: Pamela Ronan (301) 777-5623

Jacksonville, Florida
Problem: Pregnant women missed prenatal care appointments and newborn well child appointments.

Audience segments: Pregnant women, new mothers, providers

Behavior Objective: Improve attendance for prenatal and well child appointments

Factors to Address: Unattractive benefits

Product: An incentive campaign designed to work with the Florida Prenatal Passport that rewarded kept appointments with a variety of merchandise

Price: Must register for the Passport and remember to bring it to appointments. Incentives must be redeemed at one specific grocery chain.

Place: Passport available from prenatal care providers.

Promotion: Grocery store mailed incremental incentives, tied to stages of pregnancy and child development, directly to women who achieved milestones. Media campaign featuring local professional football player and his family. Posters in providers sites.

Contact: Dawn Clark (904) 363-6350

Richmond, Virginia

Problem: African-American SIDS rates did not decrease significantly following the Back to Sleep campaign.

Audience segments: Parents and extended families of newborns in African-American communities

Behavior Objective: Increase the number of African-American parents and families who place infants on their back to sleep.

Factors to Address: Lack of knowledge

Product: Place a visible example of the desired behavior (door hanger for baby’s room with a photograph of an African-American infant sleeping on his back) to remind everyone of the new behavior
**Price:** Change in accepted practice; some fussiness; concerns the baby would choke if he spit up

**Place:** Distributed by hospital nursing staff prior to discharge, by home visitors and at community events

**Promotion:** Provider training. Community approaches: distribution at targeted health fairs

**Contact Person:** Cheryl Nunnally Bodamer (804) 828-5949

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**Florence, South Carolina**

**Problem:** FIMR found many women who reported that during the pregnancy they noticed their baby stopped moving but did not call the doctor to report it.

**Audience Segments:** Pregnant women, administrative support staff in providers’ offices, providers

**Behavior Objective:** Increase routine fetal movement monitoring by pregnant women

**Factors to Address:** Lack of knowledge

**Product:** Raised awareness using the Motion Matters brochures that describes how to monitor fetal movement, provides a chart, and instructions about when and what to report to the doctor

**Price:** Time to monitor movements, provider and staff time to respond to false alarm phone calls

**Place:** Distributed through prenatal care providers

**Promotion:** Posters in offices, media reports, presentations to providers about the campaign

**Contact Person:** Valencia Butler (843) 661-4830
Where Do We Go From Here?

Programs that sustain themselves over time build relationships with many community partners. They identify opportunities for partners to contribute in efforts to improve community health and social services systems. By engaging the community in the process, FIMR’s can institutionalize many initiatives and build community support and ownership for the FIMR process.

Social marketing is a strategy that FIMR’s can use both to build these critical relationships and to take recommendations to action. Use social marketing for advocacy campaigns that address environmental, societal, legislative or regulatory issues affecting pregnant women and families. Use social marketing to recruit constituencies to participate in FIMR. Use social marketing for interventions designed to change personal behaviors.

When you plan your social marketing campaign, remember that the essential component of any social marketing initiative is the exchange - you need to give your target audience something that it wants and values in order for them to change. Figure out what resonates with the individual and find a way to do that.

Americans are incredibly generous with their time and talent when an issue touches them. When you conduct a social marketing campaign, tap the expertise available from your community: health educators, statisticians, planners, providers, public relations and
marketing experts, media people, and community activists. Ask for their help in creating a better community for pregnant women, infants and families.
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**Journals**

Social Marketing Quarterly. Peer reviewed articles on many facets of social marketing

**Books**

Gladwell M. The tipping point: how little things can make a big difference. 2000. Little Brown & Company


**Monographs**


**Websites**

**Association for Educational Development. Center for Applied Behavioral and Evaluation Research.** Social marketing section of AED. Interesting projects targeted to third world http://caber.aed.org/somark.htm

**Basics. Social Marketing Matters.** International focus but the SMM newsletters found under publications/social marketing contain case studies and an overview of specific aspects social marketing. http://www.basics.org

**Centers for Disease Control & Prevention. Health Communications Office.** This site has information about health communication theory, models of several national campaigns, contact people and market research, e.g., Soap Opera Viewers and Health Information. http://www.cdc.gov
Claritas. Private company that provides geodemographic lifestyle clusters using PRIZM. This method of market segmentation works under the assumption that “birds of a feather flock together.” Claritas uses census data at the block group level and market research to create its clusters. Look up your zipcode at http://yawyl.claritas.com

Fostering Sustainable Behavior. The principal focus of this website is environmental issues; however, the sections on uncovering barriers and commitment prompts are well written and the information is generalizable to perinatal issues. http://www.cbsm.com From the home page, click on The Guide.

Health Canada's website contains case studies, an online tutorial and an extensive annotated bibliography of social marketing resources. http://www.hc-sc.gc.ca/hppb/socialmarketing/


Social Marketing Institute. A virtual institute that contains basic definitions, very good articles describing social marketing, case studies and links to conferences and resources. Use this site to subscribe to the social marketing listserv. http://www.social-marketing.org

Weinreich Communications. Commercial site that contains useful information. Links section is very useful. http://www.social-marketing.com
Appendices

Appendix A

Market Research and Audience Segmentation

Market Research
It is feasible to conduct market research with a limited budget and a small staff. A great deal of information is available free. You may need to either purchase or obtain additional information to complement that data. This appendix provides some options for both.

Secondary sources for market research
Federal government publishes in print and online a wealth of information that can be very helpful.

- National Center of Health Statistics (http://www.cdc.gov/nchs) can provide birth and death statistics.
- HRSA (http://www.hrsa.gov) posts Title V data online as well as other data and reports.
- CDC (http://www.cdc.gov) conducts research, publishes their findings, and posts almost everything on the web. In addition to scientific data, CDC’s Health Communication Office has posted a variety of materials related to health communication, e.g. Soap Opera Viewers and Health Information, Executive Summary.
National Institutes of Health (http://www.nih.gov) is another resource for scientific research but less useful for population based information.

The US Department of Agriculture (http://www.usda.gov) also collects, analyzes and publishes vast amounts of information.

State websites can provide useful information - from the health department and other branches.

**National health related non-profit organizations** invest significant amounts in research, market research and development of materials based upon their research. Look online for published studies, surveys, and other data. Contact your local chapter for assistance in accessing national and local information.

**Foundations** are a resource for much more than money. Major national foundations and “think tanks” that focus on health, maternal and child health, public policy or related topics can provide reports and research. Community foundations are a robust source for community information.

The Annie E. Casey Foundation (http://www.aecf.org) publishes KIDS COUNT annually, a state by state overview of key indicators.

The Kaiser Family Foundation (http://www.kff.org) provides reports related to reproductive health and the media.

Families and Work Institute (http://www.familiesandwork.org) posts market research related to public perception of children’s issues.

Mathematica (http://www.mathematica-mpr.com) posts reports.

The Benton Foundation (http://www.benton.org) focuses on communication skills including audience segmentation, market research, and resources to assist non profits in improving communications.

RAND (http://www.rand.org) posts reports.

The Urban Institute (http://www.urban.org) posts reports.

Your local foundations are a potential resource for marketing research and audience segmentation information. Their knowledge about the community, who has completed specific types of research and work, and other foundations’ grantees can be very helpful.

**Do your own market research.**

- Partner with another organization to do focus groups for each other. Don’t facilitate your own focus groups because you may bias it and because people tend to say what they think you want to hear. See Appendix B for guidance on how to conduct a focus group.

- Conduct gatekeeper/key informant interviews.

- Leave a diary in clinic or office waiting rooms for clients to write their observations and suggestions. Use quotes for advocacy, brochures, and other publications. Assure everyone that their name will not be used.

- Observe service delivery using a structured checklist.

- Ask permission to add one or two questions to surveys conducted by other organizations serving your target audiences.

**Look at national marketing and social marketing resources**

- The Social Marketing Institute (http://www.social-marketing.org) contains examples of successful social marketing campaigns. Reading these examples can provide insight and suggest how to structure market research and audience segmentation.

- Health Canada has extensive information about social marketing including a tutorial. Of interest to FIMR projects may be
their Benchmark Survey on Awareness, Knowledge and Behaviours Relating to Sudden Infant Death Syndrome (SIDS) found at (http://hc-sc.gc.ca/hppb/socialmarketing).

* The Gallup Poll posts some survey results and trends on their website (http://www.gallup.com). This gives you a national perspective but can be a good starting point.

### Audience Segmentation

**Additional information about variables used in audience segmentation**

**Demographic**

Demographic segmentation can be very sophisticated. Claritas is a commercial demographic database that breaks the US population into over 60 distinct clusters based on income, education, age, occupation and residence. Visit their website to get a quick snapshot of the largest demographic population clusters in your zip-code.  http://yawyl.claritas.com

Currently both the Centers for Disease Control (CDC) and the National Cancer Institute (NCI) have resources integrating commercial demographic data with census and health data to assist public health programs in developing better audience segmentation for both social marketing and health communications initiatives. For the NCI demographic reports, call 1-800-4CANCER.

Other resources available to you include Census reports, vital statistics, hospital discharge data, the Cole’s Directory, community planning and development agency reports, and public health reports.

**Psychographic**
National surveys conducted by HRSA, CDC and other governmental agencies, “think tank” studies, programs developed by major health related non-profits are potential sources for information to segment an audience by psychographics.

**Stages of change**
Information about stages of change for specific behaviors is available from national surveys and published studies.

- If you don’t find the studies you need with a MEDLINE (http://www.nlm.nih.gov) search, try some of the other indices such as PsycINFO and ERIC (http://ericir.syr.edu/Eric).
- Check with national resource centers like the National Center for Education in Maternal and Child Health (http://www.ncemch.org) for program information.
- National non-profit health related organizations may have materials designed for each stage of change, e.g. the March of Dimes Folic Acid Campaign.
- Using the search engine http://www.google.com and the term “stages of change” yields a number of examples as well as links to the webpage of the originator of this model, Prochaska.

**Desired benefits**
How do you find out about desired benefits? You need to ask.

- Your community partners may already own this information from exit interviews, customer satisfaction surveys, or focus groups.
- Ask members of your target audience, via focus groups or surveys.
- Try to get one or two of your questions added to exit interviews, customer satisfaction surveys, or other surveys routinely conducted by your organizations and other agencies that serve your target audience.
SOCIAL MARKETING: A STRATEGY TO TAKE FIMR RECOMMENDATIONS TO ACTION
Focus Group Interviews

Focus group interviews are a form of qualitative research used to obtain insights into the perceptions, beliefs, and language preferences of specific target audiences. Focus groups however, cannot substitute for surveys or polls. Generally you will use focus groups along with other types of qualitative and quantitative research to design or evaluate a social marketing program.

What is a Focus Group?
A focus group is a guided conversation with a small group of eight to ten people. Using a discussion guide, a moderator keeps the conversation on track while allowing participants to talk freely and spontaneously. Focus groups are usually audio and/or video taped so that the program planner can study the group conversations later.

What Kinds of Questions Can A Focus Group Answer?
Focus groups can assist at many stages in the development and evaluation of a social marketing campaign. Initially you can use focus groups to help develop the basic concepts and to differentiate between audience segments.

Focus groups can test first and second drafts of materials - booklets, posters, videos, public service announcements, brochures, etc. Focus groups can test logos, the language used in materials, and preferred designs or images.
Use focus groups at the start of a new phase of a program to learn if existing materials are effective. (Wright, NCADI)

Use focus groups for evaluation. If your objectives focused on increasing awareness of something, a focus group may be one strategy to evaluate how well the initiative worked.

**How Do You Select People to Participate in a Focus Group?**

The most important selection factor is to make your focus group match the population segment of interest, forming separate groups for each target audience, e.g. providers, pregnant women, new mothers. There are a variety of ways to recruit focus group participants:

- recruit from your customers/clients
- ask agencies serving the target audience to help recruit from their customers
- use a telephone directory to select and screen people
- recruit from existing social groups

Try not to recruit multiple participants from the same small social group. People who know each other well may be less candid.

Because a focus group is not a statistically representative sample, it is not necessary to recruit people “at random”. Findings are not used in the same way as a statistically valid sample.

**How Do You Run a Focus Group?**

- Recruit people 1 to 3 weeks before the scheduled session and remind them the day before.
- Select a location that will provide a comfortable environment and is accessible for your group members. Factor participants’ schedules into the hour and day you select.
Work with the facilitator/moderator to develop a list of questions in a logical format that allows conversation to flow naturally.

Experts suggest that you begin with general and non-threatening questions so that everyone is likely to participate.

Use first names, assure people that their remarks are confidential and that you will not attach an individual’s name to any quote.

Use an audio tape recorder to capture the conversation. Station a person to sit in the room, out of the line of vision, to observe and make notes. If you have the luxury of using a room designed for focus groups, videotape it.

Provide a light snack like cookies and coffee to help people relax.

Look for a moderator who makes people feel comfortable, listens actively and encourages reticent people to participate.

Plan on between 60 and 90 minutes time for the group.

Offer reimbursement for travel expenses and a small token to participants. This can be a check, gift certificate, cash or an object.

**How Many Focus Groups Should We Conduct?**

Experts recommend that you conduct a minimum of two focus groups for each target audience of interest. If you are not hearing the same general themes from these paired focus groups hold more. You might want to revise you questions if you conduct additional groups.

**How Do You Interpret A Focus Group?**

Listen for repeating themes and for issues or ideas that resonate with the participants.

Identify major points that emerged from the discussion and participants’ reactions to specific questions.
**Reporting**

When you’ve completed your focus groups, it is customary to prepare or require contractors to prepare a summary. The summary should contain these elements:

- **Background**: who were the participants, how many attended, what was the purpose of the focus group.
- **Highlights**: summary of major points from the discussion.
- **Findings**: participants’ reactions to specific questions. Use quotes to give depth to this section.
- **Conclusions**: describe the patterns that have emerged and significant differences between groups.
- **Recommendations**: suggestions for the campaign based upon the findings.
- **Appendixes**: copies of any screening tools used and the discussion guide. (Wright, NIADI)

Online examples of focus group summaries: Kaiser Family Foundation. Minority Health Section. http://www.kff.org

**Case Histories from Community Focus Groups.**

**Case History 1**

A hospital wanted to learn what types of preventive health service and educational programs were of interest to women between 45 and 64 years of age. The hospital held Saturday afternoon focus groups in a shopping mall’s community room and gave participants who completed the session a mall gift certificate. Members of the advisory committee recruited participants from their constituents and a committee member who had conducted other focus groups moderated the session. Findings: Women with “inadequate” health insurance coverage sought out community screening programs as a strategy to obtain preventive services. Women obtained health information from a variety of sources and would be reluctant to pay for educational programs.

**Case History 2**
A health department wanted to increase first trimester prenatal care among low-income women. A multi program work group developed the questions and held week day focus groups in a health department conference room. Sessions were tape recorded. The building was easily accessible by public transportation. Participants were given $25.00 in cash and bus tokens as an incentive. Public health nurses recruited participants from clients who had delivered within the previous two months. Findings: Pictures of babies caught the eye of women who were pregnant, even when they just suspected the pregnancy. The program telephone number needed to be simplified. It’s better to focus on good outcomes from early prenatal care than to focus on risks.

Adapted from
Making Health Communication Programs Work, National Cancer Institute 1989. NIH Publication 89-1493


Weinreich NK. Integrating Quantitative and Qualitative Methods in Social Marketing Research. online http://www.social-marketing.com/research.html
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Appendix C

Evaluation of Social Marketing Campaigns

Evaluation is a tool that allows you to continuously improve your program. Plan to evaluate the findings from your initial market research and the behavior change or impact. Remember to evaluate the social marketing process itself - were you able to use the planning model, obtain information about audience segments, use the 4 P’s?

Market research is used to develop the initial target audience, to segment that audience and to develop strategies to achieve your behavioral objectives. As you work through the planning process and the marketing mix, evaluate how well your initial research fits. It is not unusual to modify your initial work as you learn more about your audience.

Process can be evaluated quantitatively. You can observe and count many aspects related to the social marketing process:

- increase in the number of organizations participating in an event or an on-going work group
- media coverage
- brochures distributed
- phone calls to the telephone number used on materials
- number of community meetings held.

Behavioral changes can be evaluated using quantitative information, such as surveys and service audits:

- pre and post program surveys
• telephone interviews with random sample of participants
• increased use of specific service
• smoking cessation attempts.

Behavioral changes that are not easily observed can be evaluated using qualitative information, such as focus groups:
• increased awareness of signs of preterm labor
• movement from precomtemplative to contemplative stage of change.

The rationale underlying behavioral theories may be helpful in developing measurable objectives. *Theory at a Glance* by the National Cancer Institute (http://rex.nci.nih.gov) is a great resource. From the main page at the URL listed in the previous sentence, click on public and program planning publications.

Look to national non-profit and governmental campaigns for evaluated strategies. Thousands of dollars and expert hours have already been invested in developing these resources. In addition, staff from these organizations can often provide additional expertise in evaluation of social marketing programs.

To learn more about the fetal and infant mortality review process, please write, fax, or call:

NATIONAL FETAL AND INFANT MORTALITY REVIEW PROGRAM
THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
Mailing Address: PO Box 96920, Washington, DC 20090-6920
Fax: 202-484-3917 • Phone 202-863-2587 • e-mail nfimr@acog.org
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