Social Marketing Planning Models

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Systematic & Strategic Planning...
Some Social Marketing Adaptations

- CDCYnergy, Social Marketing and Lite editions
- STELa
- COMBI
Associated Tools and Resources

e.g., the TheoryPICKER
selecting a behavior change theory to guide health communication

Benefits and Costs...
1. Evidence, Data & Insight informed

2. Citizen focused Value production

3. Systematic planning, objectives setting and evaluation

4. A full intervention mix

5. Co-production and delivery
Real World Planning

- Need
- Policy
- Evaluation
- Aims
- Methods
- Objectives
- Target audiences
STELa Design principles

Evidence based approach
Flexible and iterative use
Comprehensive but simple
Ease of use

“Everything should be made as simple as possible, but not simpler.”
Planning Social Marketing


1. Setting goals and SMART objectives
2. Analysing situation and influencing factors
3. Understanding target audience(s)
4. Developing exchange proposition(s)
5. Selecting marketing interventions
<table>
<thead>
<tr>
<th>STEPS</th>
<th>TASKS</th>
<th>ACTIVITIES</th>
<th>TOOLS (see Part 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCOPE</td>
<td>1. Setting goals and SMART objectives</td>
<td>1. Explain what action is needed</td>
<td>Tools 1–3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Identify the target group and behaviours you want to change</td>
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<tr>
<td></td>
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<td>3. Set SMART objectives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Analysing situation and influencing factors</td>
<td>1. Do situation analysis</td>
<td>Tools 4–11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Do competition analysis</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>3. Review evidence and data</td>
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<td></td>
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<td>4. Map and record assets</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Understanding target audience(s)</td>
<td>1. Gather target audience insights</td>
<td>Tools 12–17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Segment your audiences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Developing exchange proposition(s)</td>
<td>1. Develop behaviour promotion strategy</td>
<td>Tools 18–22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Make the case for compliance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Selecting marketing interventions</td>
<td>1. Select interventions</td>
<td>Tools 23–26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Do intervention cost-benefit analysis</td>
<td></td>
</tr>
<tr>
<td>TEST</td>
<td>6. Pre-testing and piloting</td>
<td>1. Test each potential intervention and hypothesis</td>
<td>Tools 27–29</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Report on the impact of the pilot programme</td>
<td></td>
</tr>
<tr>
<td>ENACT</td>
<td>7. Planning implementation</td>
<td>1. Intervention plan</td>
<td>Tools 30–36</td>
</tr>
<tr>
<td></td>
<td>8. Initiating and managing implementation</td>
<td>1. Manage partners, risk and opportunities</td>
<td>Tools 37–43</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Make recommendations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Reviewing and building learning</td>
<td>1. Identify follow-up actions</td>
<td>Tools 47–50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Identify future implications</td>
<td></td>
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</tbody>
</table>
The STELа Framework

• 4 Steps
• 10 tasks
• 22 Activities
• 50 Tools
Strategic Social Marketing

Contributions to Social Policy

1. Citizen insight into policy and strategy selection and development

2. Target setting, segmentation and competition analysis

3. The selection of intervention Types and Forms

4. Citizen input into strategic review, performance management and evaluation
CDCynergy

Social Marketing Planning Models

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What is CDCynergy?

• Science-based methodology for health communication planning and implementation. Contains:
  • Case Studies
  • Reference resources and materials, tools, templates, samples
  • Guide to planning and evaluating a health communication project

• Different topics editions (e.g. diabetes, HIV, cardiovascular disease) used the CDCynergy planning model for specific health problems and audiences.
1992 – More integration of health communication into the agency's infrastructure recommended

1996 – New Office of Communication established to build health communication training, research, and programs

1995-2000 – CDCynergy program developed, piloted

2001 – Beta rollout

2003 – Crisis and emergency risk edition

2005 – Social marketing edition

2008 – Social marketing Lite edition

2010 – Promote-It

2013 – MessageWorks
Phases of *CDCynergy*

1. Problem Definition and Description
2. Problem Analysis
3. Identifying and Profiling Audiences
4. Developing Communication Strategy and Tactics
5. Developing an Evaluation Plan
6. Launch/Feedback
Introduction

Before you begin the health communication planning and evaluation process, take some time to explore the problem:

- Write a problem statement
- Assess the problem’s relevance to your program
- Describe the problem more fully
- Determine if distinct subgroups are affected by the problem
- Further delineate the problem by using descriptive epidemiology
- Describe the problem for any subgroups you may want to explore further
- Assess the factors that can affect the project’s direction, including related strengths, weaknesses, opportunities, and threats (SWOT)

The first phase should not be labor intensive. You can probably answer most questions from your own knowledge or with a quick reference to easy-to-find resources.
Training

- National Society of Public Health Educators (SOPHE) Regional Chapters
  - International – Sweden, S. Africa,
  - Thailand, Zimbabwe, China, Bangladesh
Internal Assessment

- 50% have ever used *CDCynergy*, 40% used regularly or now and then (N=123/304)
- Most used: health comm, social marketing, and CERC versions
- 9 in 10 view as useful, mainly as a resource or training tool, too complex for daily planning use
- Need for more easy-to-use and time efficient tools. Lite version of social marketing edition introduced
Lessons Learned

• Good skill building tool for social marketing and health communication
• Allows decisive structured planning
• Can reach adoption, but reinforcement essential for habit forming
• Simplified model works
• Have a key overall tool to use for crisis, time pressure events
COMBI
Communication for Behavioural Impact

What is COMBI?

- Social Mobilization to prompt action
- Behaviorally-focused, people-centered strategy
- Integrates health education, IEC (Integrated Engaged Communication), community mobilization, consumer communication techniques and market research
- IMC (Integrated Marketing Communication)
Origins

1994: A Summer Institute at New York University with inputs from YOUNG AND RUBICAM, BURSON MARSTELLER/NY, UNICEF, UNFPA, WHO “Integrated Marketing Communication For Behavioural Impact In Health And Social Development” (IMC/COMBI)

2000: WHO began applying IMC/COMBI and called it simply “COMBI”
COMBI’s Five Integrated Communication Actions

1. Administrative Mobilization/
   Public Relations/Advocacy

2. Community Mobilization

3. Advertising

4. Personal selling/
   Interpersonal communication

5. Point-of-service-
   promotion

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MANTRA # 1

Do nothing – produce no T-shirts, no posters, no leaflets, no videos, etc…do nothing until one has set out clear, precise, specific behavioural objectives

MANTRA # 2

Do nothing – produce no T-shirts, no posters, no leaflets, no videos, etc…do nothing until one has done a situational market analysis - until one has “SMACK-ed”* the behaviour around with the consumer – the fundamental marketing principle of: listening to the consumer.
TOOLS FOR SMACK-ING

- Force Field Analysis
- HIC-DARM Analysis
- SWOT (Strength, Weaknesses, Opportunities, Threats) Analysis
- DILO (Day in the Life Of) Analysis
- MILO (Moment in the Life Of) Analysis
- TOMA (Top of the Mind) Analysis
- MARKET SEGMENTATION Analysis
- COMPETITOR Analysis...there is always a competitor (e.g. TAC-Take a Chance, Do nothing, Do something else)
- 4 Cs Analysis - from IMC (consumer’s need, cost, convenience, integrated 2-way communication) – instead of 4 P’s
HICDARM©: GETTING THE BEHAVIORAL RESULT
(Explaining the gap between knowing and doing)

First, we Hear about the new behavior
then, we become Informed about it
and later Convinced that it is worthwhile.

In time, we make the Decision to do something about our conviction
and later we take Action on the new behavior
We await next Re-confirmation that our action was a good one
and if all is well, we Maintain the behavior

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COMBI’s Ten Step Planning Process

1. State Overall Goal
2. State expected Behavioural Results/Objectives
3. Conduct Situational Market Analysis
4. Present an overall strategy for achieving behavioural results
5. Present the COMBI Plan of Action
6. Management: Describe structure for managing implementation
7. Monitoring: Describe assessment of implementation progress
8. Impact Assessment: Describe how behavioural impact will be assessed.
9. Scheduling: Provide a Calendar/Time-Line/Implementation Plan
10. Budget
COMBI IN ACTION

“Pinch, Leave an Inch and Roll” Condom Campaign in Jamaica
COMBI IN ACTION

- COMBI programmes in about 60 countries with WHO, UNICEF, UNFPA and UNDP.
- COMBI programmes within WHO cover various communicable and non-communicable diseases: HIV/AIDS, malaria, tuberculosis, dengue, lymphatic filariasis, hypertension, cardiovascular diseases, diabetes, obesity, breast-feeding, among others.
- UNICEF COMBI programmes cover maternal and child health, immunisation, violence against children, environmental education, early childhood education, HIV/AIDS, among others.