

# Practical Abstracts

Monday 29 September – 16.10

## International – Osborne Room

### Developing and launching the government social franchise model for reproductive healthcare in Vietnam

**Author: Dana L. Alden, Ph.D., University of Hawai'i**

*Co-authors: Anh D. Ngo, Ph.D., Health Strategy and Policy Institute Hanoi, Vietnam  
School of Population Health, University of Queensland  
Hang Nguyen, MBA, Marie Stopes International Vietnam  
Nhuan Dinh, Marie Stopes International Vietnam  
Government Social Franchise Project Manager*

#### Background & Objectives

Seeking to address the low level of instances of social franchising of public, government-operated facilities, the Da Nang and Khanh Hoa Provincial Health Departments in Vietnam (the franchisors), with technical assistance from Marie Stopes International, adapted private sector practices to local market conditions in order to test a new government social franchise (GSF) model for reproductive and family planning (RHFP) service delivery through selected public health community clinics.

#### Abstract Description

After baseline research and extensive planning with local stakeholders, a GSF implementation plan was finalised and initiated in January 2007. Invitations were extended to ten out of 51 community clinics in Da Nang and 28 out of 137 in Khanh Hoa. Selection was based on:

- 1) market representativeness of the clinics overall; and
- 2) ability of the clinic to meet most of the GSF criteria prior to a targeted July, 2007 launch.

The GSF agreement between the franchisor and franchisees specified:

- the rights and obligations of the franchisor and franchisees;
- infrastructure, furniture and RHFP equipment standards;
- scope of RHFP services;
- required levels of staffing and staff expertise;
- staff participation in social marketing and service quality management training;
- ongoing evaluation of subjective and objective quality standards;
- participation in a direct social marketing and branding programme to encourage pro-healthful behaviours;
- a standardised fee-for-service schedule;
- an employee service quality incentive programme.

During spring 2007, franchise clinic staff attended training. Clinic staff members were trained on social marketing principles, service quality management and technical matters related to high quality RHFP care. Social marketing communication strategies were developed by a professional firm in Vietnam. Franchises reviewed and commented on draft social marketing and brand communication materials.

#### Evaluation

To evaluate the initial GSF model impact, data were collected in Autumn 2007, including: (i) key informant interviews; (ii) focus groups with service providers and clients; (iii) semi-structured observations at franchised clinics; and (iv) intercept interviews with local residents. Improvement of the GSF members' infrastructures and service quality, along with social marketing training and direct promotion of relevant brand benefits all appeared to improve staff and client attitudes. Such changes are very likely to increase use of the clinics for reproductive health and family planning services - a central social marketing objective of the GSF model.

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One lesson learned is that provincial-level authorities require extensive consultation regarding GSF benefits to facilitate other improvements. In addition, enhancement of staff and client attitudes depends in part on locally relevant brand benefits (the brand promise). Direct communication also plays a critical role in generating trial, in particular: use of door-to-door 'brand ambassadors'; creation of a 'branded room' to make brand benefits tangible through color scheme, plants, furniture, posters and information; staging of street theatre; and holding clinic-based events.

Positive responses to the brand and communication activities and materials indicated that, for the most part, clients and staff related well to the brand promise. In part, this is likely due to the fact that the social marketing and brand communications strategy was developed in consultation with the local community. While one of two provincial health departments was disappointed that they were not more involved, most stakeholders expressed positive evaluations of the social marketing and brand communications development process and outcomes. Thus, another lesson learned is that the brand strategy development process must involve both the local client community and providers to ensure a culturally and contextually relevant GSF communication programme.

Low use of existing RHFP services at public health clinics in Vietnam suggests that government subsidies without measures to improve and maintain service quality have been ineffective in attracting clients. That means clients may not value free services if perceived as low quality. Instead, affordable prices appear to reinforce the value of the services received and increase client satisfaction. However, to date, neither province had completed implementation of the standardised fee and clinic staff incentive programmes. Hence, despite benefits to the brand, adding monetary charges (and monetary service quality rewards to staff) has proven more difficult to complete than the infrastructure and human capital enhancement, social marketing service quality and branding.

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## Social Marketing Efforts in Bangladesh: Lessons learned from the Programme

Toslim Uddin Khan, Social Marketing Company

### Background & Objectives

Social Marketing Company (SMC) of Bangladesh has the largest privately-managed social marketing effort in the world for a single country. SMC initiated the efforts in Bangladesh in 1974 when the social marketing project was initiated to challenge rapid population growth by making contraceptive products widely accessible at a price affordable to the general people.

- SMC's mission is to improve the quality of lives of vulnerable and less privileged population of Bangladesh, primarily in public health through sustainable social marketing efforts in collaboration with public and private sector partners.

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- SMC's current programme focus is social marketing of family planning, child survival, maternal and child health, nutrition and disease prevention.
- SMC uses commercial management techniques for popularising and selling products and services that offer clear benefits to the people at prices they can buy.
- Thus, easy accessibility through wide availability and high affordability forms the key element of social marketing.

### Description

The combination of strong Government support, a uniquely efficient marketplace, wide mass media reach, and strong product branding techniques, succeeded in social marketing of family planning products and significantly contributed to the improvement of national contraceptive prevalence. Today, SMC accounts for one-third of Bangladesh's modern contraceptive prevalence from all methods, contributing to 68 per cent of condoms 40 per cent of oral contraceptive pills and seven per cent injectable nationwide. SMC has also played a key role in expanding the use of oral rehydration therapy in the country. SMC's ORSaline brand of ORS now accounts for 60 per cent of all oral rehydration salts purchased from the shops.

What began as an experiment to determine whether mass promotion, sale of contraceptives at low prices affordable to the poor, could improve acceptance of family planning and contraception, became instrumental in the remarkable success in the national family planning and health programmes of Bangladesh. Eventually, SMC endeavours to become fully self reliant by funding 100 per cent of its operating and product costs from revenues.

SMC has a strong communication programme to facilitate and sustain behaviour changes for improved reproductive and nutritional health. These are carried out through radio programmes, direct community education programmes, mobile video programmes, health providers' training programme, direct mailing, telephone counselling and interpersonal educational programmes.

### Evaluation

The lessons SMC learned over the last 30 years may be instrumental for the others who are also implementing social marketing programmes in the public health sector globally.

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## Social marketing doubts and outsets in the field of public health in Serbia

**Author: Kristina Seke – Institute of Public Health of Serbia, Center for Disease Control and Prevention**

*Co-authors: Vinka Filipovic, PhD; Zoran Radojicic, PhD*

### Background & Objectives

The major objective of the paper is to point out the mass of marketing components, tools and techniques, which must be used by public health practitioners in attempts to achieve specific behavioural goals, specifically healthy lifestyles. Practitioners who should carry out social marketing strategies often misunderstand the terminology of commercial and social marketing and health promotion. An important goal of this paper is to address this.

### Abstract description

In the 1970s, when social marketing was born, the principles and laws of the state's controlled economy still ruled in Serbia. More than 20 years after the market-oriented economy in Serbia was accepted (in the mid-1980s), there are still a lot of problems related to the conception and application of marketing tools and techniques in public health, as well as problems in terminology utilisation.

As social marketing evolved in parallel with commercial marketing, it is quite clear why the problems of this region, in this field, still exist.

In this paper, we try to throw light on these problems, and to make social marketing more widely accepted by public health professionals.

### Evaluation

The overview of the present situation of social marketing in public health in Serbia was established by conducting surveys among public health practitioners from the 40 health institutions. By analysing the results, the main problems of social marketing dissemination in Serbia were identified.



## Expanding water purification practice among India's poor through microfinance

**Author - Anurag Mishra, Academy for Educational Development**

### Background & Objectives

To produce sustainable behaviour change to purify drinking water among women's self help groups (SHGs) in rural areas and urban slums of Uttar Pradesh, India, the state with the highest child mortality rate.

### Abstract description

In close cooperation with local NGOs, the project targets women's self help groups to sensitise them to the quality of water using simple water testing kits, to educate them on the health problems of poor water quality, and to discuss solutions and methods to treat water at home using games and culturally adapted materials. The commercial partners ensure distribution of water filters to the target communities and send demonstrators to instruct in the proper use of the devices. The POUZN intervention promotes four POU methods and products namely Boiling, Chlorination, SODIS and Water purifiers. The project makes chlorine tablets and liquid available through Micro-distributors and filters affordable through micro-finance/installment schemes. Point of Use Water disinfection and Zinc treatment (POUZN) intervention also involves micro-finance institutions that, through micro-loans, make purchasing water filters an affordable reality. By giving the women of the SHGs the knowledge of why and how diarrheal disease persists in their communities, as well as the tools to change their behaviours, POUZN has initiated a sustainable and scalable response to one of the most deadly diseases of the developing world. To date, the programme has reached over 1,200 SHGs and 12,000 families in UP, and its business model is being replicated by the partners and other organisations in India.

### Evaluation

This water purification intervention produced an increase in the number of lower income families using any POU methods. In urban areas the number of users has increased to 82 per cent while in rural areas the same has increased to 39 per cent in only 12 months of implementation with SHGs. Urban SHGs has seen the highest per cent of POU device users with almost 25 per cent Household buying the POU devices. The micro-finance aspect of the programme has also been extremely successful—all loans given to the target groups have been paid back in a consistent and timely manner.

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## Travel – Surrey

### TravelSmart - a highly personalised form of social marketing proven to change travel behaviour

**Authors: James Ryle, Sustrans. Franz Barta, Socialdata**

#### Background & Objectives

Individualised Travel Marketing (ITM) is a highly personalised form of social marketing proven to influence people's day-to-day travel behaviour, helping to reduce car use by increasing levels of walking, cycling and public transport use.

ITM aims to change personal travel behaviour, and in particular to increase use of physically active and low carbon forms of transport, by offering people personalised information and support on the options for walking, cycling and using public transport as alternatives to car travel.

The target population (or audience) for each ITM campaign is defined in consultation with local authority partners and typically consists of private residential households within a defined geographical area, such as along a public transport corridor, or in areas with high levels of traffic congestion.

The objectives of each campaign are to:

- establish a dialogue with at least 80 per cent of a target population using a combination of postal, telephone and face-to-face contact;
- segment responding households according to their current use of sustainable travel modes and interest in receiving local travel information;

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- offer and personally deliver a range of local travel information, incentives and further support to households according to their individual needs.

### Abstract description

This paper will describe the principles, implementation and outcomes of recent TravelSmart ITM programmes undertaken in the UK by Sustrans and partners Socialdata. In particular, it will focus on the research and subsequent behaviour change campaigns in two of the Sustainable Travel Demonstration Towns, established by the Department for Transport to trial ITM and other so-called 'smarter choices' transport measures on a large scale.

It will demonstrate how social marketing principles are central to the success of ITM in achieving significant changes in personal travel behaviour, with multiple social and environmental benefits.

### Evaluation

As a result of its uniquely customer-focused approach, all ITM programmes undertaken by Sustrans and Socialdata since 2003-04 have delivered significant increases in use of all sustainable travel modes, leading to relative reductions in car trips of between nine and 14 per cent.

The reported outcomes are derived from detailed travel behaviour surveys conducted before and after each ITM campaign across the whole target population, not just participating households. Follow-up studies have demonstrated the durability of these changes. The survey method has been subject to independent expert audit, and the findings corroborated by separate monitoring of bus passenger numbers.

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## Living Smart: How an innovative individual marketing intervention goes beyond travel, to comprehensively target the whole of household greenhouse gas emissions in Perth, Australia

**Primary Author/s: James Peart, BSc (W. Australia) GradCert International Urban and Environmental Management (RMIT), Mott MacDonald; Ewen MacGregor BA (ECU), NSMC**

*Other Authors: Colin Ashton-Graham, BA Hons Economics (Dunelm), Department for Planning and Infrastructure, Perth Western Australia*

### Background & Objectives

The innovative Living Smart programme in Western Australia has combined Community Based Social Marketing techniques (communications tools to provide information solutions and behavioural prompts in the context of establishing social norms) and motivational interviewing to target the carbon footprint of 15,000 households and achieving cross sectoral environmental, transport and health benefits. The Living Smart programme aims to demonstrate that significant, rapid and cost effective greenhouse gas emission reductions can be achieved from voluntary behaviour change and adoption of technologies, by households in intervention suburbs. By addressing energy, water, waste and travel behaviours, the programme aims to deliver between one and two tonnes of greenhouse gas abatement per target household per annum. An experimental design has been established to test the degree of behaviour change achieved through audience segmentation one 'topic' at a time (for example, water, then energy and so on) against addressing all target behaviours in a progressive ('levels') delivery.

### Abstract Description

The Government of Western Australia has developed a combined delivery of household demand management for energy, water, waste and travel in an attempt to achieve behavioural synergies and to maximise intervention cost effectiveness. Project design was informed by baseline in-depth research into the local attitudes to climate change and the perceived barriers and benefits to adopting more sustainable behaviour. Contact methods are a combination of traditional media, direct mail, telephone contact, personalised home visits and regular motivational contact. Participants can receive personalised information, aids (such as energy efficient bulbs), incentives (such as home energy audit) and rewards (such as subscription to a 'green consumer' magazine). Early results of the Living Smart intervention are very encouraging. 74 per cent of the target population have engaged in dialogue and made active choices to receive information. 50 per cent of households have signed up to receive regular motivational interviewing framed around discussing meter readings. 25 per cent of households have accepted a home consultation and the development of an 'eco makeover plan'. All the services are offered free to the households. The intervention will continue to deploy social marketing techniques within the target population for a period of 12 months.

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This paper presents the project design with reference to the NSMC benchmark criteria and preliminary results consisting of the meter reading data from participants, aggregated data for the target suburbs and control group data. Progress towards the target 15,000 tonne per annum greenhouse gas reduction is measured and projections are made against the aim of achieving CO<sub>2</sub> abatement at a programme cost of less than £10 per tonne. The potential for a large-scale roll out of Living Smart in Australia will be discussed in the context of a possible two to five per cent reduction in national emissions coupled with a smooth adjustment by households to the impacts of carbon pricing on energy costs.

## Evaluation

Meter readings (gas, electricity and water), waste and recycling tonnages and travel diary data have been measured for participants, target suburbs and control groups. Knowledge and attitudinal baseline data has been measured with post intervention measures to be conducted in 2009.

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# The Journey of 1000 miles.... The role of social marketing in changing travel behaviour in London

**Ben Plowden, Smarter Travel Unit, Transport for London**

## Background & Objectives

One of the world's largest pro-social behaviour change programmes is underway in London. Its aim is to change the travel behaviour of people living, working and playing in the capital.

Transport for London (TfL) is using social marketing to achieve five behavioural outcomes. These are for people to:

- Reduce the overall distance travelled;
- Switch from private car use to public transport, walking and cycling;
- Switch from public transport to walking and cycling;
- Change the time or location of travel; and
- Adopt more sustainable patterns of car ownership and use.

Different audiences are being targeted, including:

- Employers and their employees;
- Parents, teachers and children;
- Individuals and their families; and
- Motorists.

## Abstract Description

London is famous for having introduced the Congestion Charge in 2002. But since 2000, the Mayor, the Greater London Authority and Transport for London have used a number of techniques to promote more socially and environmentally sustainable travel. These have included introduction of the Oyster Smartcard, reduced public transport fares for target groups, improved bus services and investment in road safety, cycling and walking.

As a result of these measures, there has been a four per cent shift from the private car to bus, tube, train, walking and cycling. This is a change unmatched in any other city as large and complex as London.

Social marketing has been central to this process. TfL's Smarter Travel Unit is responsible for one of the largest social marketing programmes in Europe. This includes business-to-business campaigns (such as work with employers on staff travel), direct marketing (such as work with households on their travel patterns) and London-wide marketing campaigns (such as 'smarter driving' campaigns aimed at London's motorists).

The social marketing principles incorporated in TfL's programme include:

- Customer orientation: TfL's programme uses extensive market research for customer segmentation and for campaign design and evaluation.
- Behaviour: The core rationale for TfL's programme is to achieve the five behavioural outcomes listed above.
- Insight: The programme uses a number of insights, such as the differing motivations for ownership and use of private cars.

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- Methods mix: Different methods (B2B, B2C, web-based comms) are integrated within the programme and with other interventions such as price changes and environmental improvements.

### Evaluation and results

The evaluation tools used to assess programme impacts include both qualitative and quantitative market research, classroom surveys and employee surveys. The I-Trace database has been developed to record changed behaviour.

Some programmes (like workplace travel planning) are still at an early stage and the overall impacts are still being assessed. But the more mature programmes (such as school travel planning) are showing very impressive results (a seven per cent reduction in car use at participating schools).

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### Environment – Library

#### Using social marketing to protect biodiversity: mainstreaming biodiversity maps into land use planning procedures in South Africa

**Author: Angelika Wilhelm-Rechmann, Nelson Mandela Metropolitan University**

*Co-authors: R. Craig Lefebvre, PhD (Psychology), Prof Richard M. Cowling, PhD (Botany)*

#### Background & Objectives

The objective of the programme is to channel the imminent development and ensuing land use changes along South Africa's coastline towards the areas least important for the protection of biodiversity.

Primary target audience: Land use planners and decision makers at local government level

Secondary target audience: Municipal Councillors and other political decision makers

*(The secondary target audience emerged as a result of the formative research with land use planners, who indicated that even if their proposals include biodiversity priorities, these are frequently overruled by the political body.)*

Target behaviour: Physically or electronically consult the biodiversity maps for every single application for land use change and include these in the land use decision making proposal.

2nd target behaviour: Discuss biodiversity implications when approving land use change applications, and document the considerations in the record of decision or the proceedings.

#### Abstract description:

The aim of our social marketing programme is to support the preservation of nature and the biodiversity of South Africa's coastal municipalities. In South Africa's Eastern Cape Province, highly successful 'systematic conservation planning' projects have delivered biodiversity maps displaying how important individual land parcels are with regards to the protection of biodiversity. Biologists erroneously assumed that such maps would easily be taken up in the land use planning processes at local government level, but despite highly developed environmental and biodiversity legislation, the coast is under immense development pressure. To mainstream the biodiversity maps, we have developed a social marketing project that promotes the target behaviour of consulting the maps, physically or electronically, for every land use change application, and consequent inclusion of this information in the decision proposals. The primary target group, land use planners at local government level, has been extended in an upstream approach to include the political decision-making body, local councils. The formative research had indicated that one of the main barriers for the land use planners is the unquestioning pro-development attitude prevalent at the political level, which views environmental and biodiversity concerns as permanent obstructions to progress. Further key barriers proved to be lack of understanding, knowledge and capacity, as well as work overload and the limited prominence of land use planning.

We use the 'stages-of-change' model to determine the interventions to be applied; and 'diffusion of innovations' to determine the key players in each municipality and to improve the product development for future biodiversity information systems. To further adoption of the biodiversity maps, we provide information and training, establish a professional network and attempt to influence the political level. The target

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behaviour of the upstream component is discussion of biodiversity issues at Council meetings and inclusion in the minutes and/or decisions. All intervention components explicitly address the primary competition - addressing biodiversity issues only superficially, in a 'words-only' manner - mostly through establishing interactions with the environmental officers. The target audience is segmented by capacity and stages of change.

### Evaluation section:

The project has not been concluded, so the behavioural impact has not yet been assessed. However, there is clearly an increase in awareness with regards to the importance of biodiversity considerations and the maps, as well as with regards to the procedural inadequacies. Furthermore, the role of land use planning has gained momentum and a variety of communication channels have emerged. The South African National Biodiversity Institute examines the project's approach.

## Our carbon footprint – what makes it as it is, and our attitude to reduction measures.

**Author Lindsay Kirby, Experian Business Strategies**

### Background & Objectives

The purpose of GreenAware - Experian's latest segmentation system, and the first segmentation to model an individual's carbon footprint, for each and every adult and household in the UK - is to provide a means of understanding the UK population in terms of attitude and behaviours pertaining to their individual carbon footprint. By understanding these behaviours for each UK adult and household, it enables quantification and benchmarking, as well as the opportunity for effective targeting of energy and water reduction measures and services.

The GreenAware data portfolio is of value to many organisations wishing to understand and influence citizens' behaviours relating to their carbon footprint, and to benchmark their own population against others. These include central government (particularly the Cabinet Office and DEFRA), local government, the health sector, the water and energy sectors and the waste and recycling sectors. It also includes organisations whose remit is to provide energy and water efficiency products and services for households.

### Abstract description

With the increasing understanding of global warming, and the need for effective targeting of measures to reduce our individual carbon footprint, it is essential to understand the behaviours and attitudes of UK citizens which affect individual carbon emissions.

Leading experts in citizen segmentation, Experian Business Strategies, has teamed up with world-renowned environmental think tank and policy advisor the Stockholm Environment Institute, to develop a unique consumer segmentation, GreenAware, which combines the expertise of the two organisations.

There are a number of component parts to the system, incorporating: -

- personal demographics – and the impact on their carbon footprint
- 'Green Propensities' – indicators of an individual's likelihood of various behaviours affecting their carbon footprint
- a new attitudinal segmentation, 'Green Segments'
- estimated carbon dioxide emissions (CO2 footprint)
- forecasts of CO2 output, according to a number of economic scenarios
- brand consultancy

For organisations wishing to not only quantify and benchmark their population in terms of carbon emissions, but to target them with appropriate carbon reduction messages and services, GreenAware provides a unique and actionable toolset.

The data portfolio encompasses the drivers of emissions, attitudes pertaining to the environment of all UK adults, and the actual carbon footprint of all UK adults and households. The drivers of emissions include such diverse characteristics and behaviours as property type, energy and water consumption, income and wealth, vehicle ownership and driving patterns, economic status and lifestyle.

As part of the proposition, Experian has developed a number of propensities of behaviour, such as likelihood to switch to alternative measures, likelihood to adopt new technologies, and willingness to cut energy and water usage. Additionally, an over-arching classification (the Green Segments) has been developed which classifies citizens into six groups based on a combination of behaviour, environmental awareness

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and attitude. Furthermore, most of the elements of GreenAware can be linked back to Mosaic Public Sector, the UK's most widely-adopted classification of citizens, designed specifically to support public sector policy decisions, communications activity and resource strategies.

While understanding current attitudes, behaviours and emissions is essential, GreenAware also incorporates Experian's economic forecasting expertise, and provides estimates of CO2 emissions over the next decade based on a number of economic scenarios. The underlying models take into account anticipated emissions changes based on change in income, taxation, interest rates and consumer spend by product category.

GreenAware is a segmentation which is of interest to central and local government and organisations operating in the energy, water, waste and recycling sectors, as well as those providing services for the reduction of carbon emissions.

### Evaluation

- Customer orientation – focus is the individual, and their behaviours and attitudes that contribute to their CO2 footprint
- Behaviour - focus is the individual, and their behaviours and attitudes that contribute to their CO2 footprint
- Theory – data models are built from a combination of Experian's data and expertise in consumer segmentation and the Stockholm Environment Institute's world renowned carbon emissions modelling
- Insight – focus is the individual, and their behaviours and attitudes that contribute to their CO2 footprint
- Segmentation – incorporates consumer segmentation (the six 'Green Segments')

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## Engaging local people around air quality and climate change

**Author: Amanda Pearce, diva creative ltd**

*Co-author: Shirley Harris, diva creative ltd*

### Background & Objectives

Care4Air, a campaign in South Yorkshire, encourages organisations and individuals to take positive action to improve the air quality.

Sheffield is My Planet, a climate change awareness campaign for Sheffield, demonstrates how lifestyle changes impact directly locally, providing local people with interventions to support behaviour change, including information on local 'green' suppliers, and how to support local environmental initiatives. It also informs and encourages by providing specific data which illustrates how a sustained behaviour change (like reducing car journeys) can impact on the city's carbon footprint.

### Abstract description

- Engaging local people and encouraging behaviour change by communicating in a highly accessible, positive and focused way;
- how behaviour change can have an impact on a local level;
- use of competition and exchange principles;
- a segmentation approach based on attitude and propensity for change;
- how interventions such as awards schemes, an online TV channel and engaging online activities act as key tools for engagement; and
- evidence of impact in the form of local surveys, campaign outcomes and the impact of the interventions in securing a significant level of political support for an issue which historically had been problematic for policymakers.

### Evaluation

The Care4Air campaign is monitored via media coverage, website visits, etc; and via a survey in September 2007, in which one-third of respondents recognised the campaign. From Jan 06 to Sept 07:

- 32 per cent of people turned off more lights
- 23 per cent chose to use public transport instead of a car
- 18 per cent left the car at home more often.



# Check Clean Dry – protecting our fresh waterways

**Author: Wendy Billingsley, Ministry of Agriculture and Forestry**

*Co-authors: Judith Hamblyn, Jeremy Lambert*

## Background & Objectives

The New Zealand Government is committed to a social marketing campaign slowing the spread of didymo (*Didymosphenia geminata*) and other aquatic weeds. This is one of the country's first examples of this type of approach in the environmental sustainability field.

### Behaviour:

- Ingrain the Check, Clean, Dry behaviour into New Zealand society so that aquatic pests and diseases like didymo are more easily controlled.
- Get all freshwater users to Check, Clean, Dry, every time they move between waterways.

### Priority Audiences:

- High risk water-user groups

### Research identified:

- Fishers (anglers, eelers, whitebaiters)
- Kayakers
- Jet boaters
- Weekend/pleasure boaters

These are both New Zealanders and visitors to New Zealand

## Abstract Description

Strong circumstantial evidence suggests that human activities are most likely responsible for the spread of didymo both globally and regionally. The New Zealand campaign focus, underpinned by collaboration between national and regional agencies, is to get freshwater users to take personal responsibility for reducing the risk of spread. The key behaviour message for this voluntary compliance is 'Check, Clean and Dry'.

Benchmark research was carried out in 2006. High risk users of fresh waterways were identified, and formative research, seeking to understand motivators and barriers, led to understanding around the three distinct mindsets of waterway users; role and importance of natural environment, attitude toward personal role and contribution, and where they live.

Segment positioning was used to identify common needs across market segments, as well as to place each of the high risk segments within a Stages of Change model, and to summarise benefits and costs for each.

The resulting implementation plan included activities such as working with Government agencies and national and community organisations, funding and training regional issue groups, developing and distributing resources and tools, practical demonstrations at relevant events and settings, advertising and media.

A particular focus was the development of regional stakeholder groups, with funding of regional and district councils for local activities.

## Evaluation

End user audience research in 2007 shows progress toward meeting campaign objectives, including getting traction with high risk waterways users:

- There are high levels of awareness of MAF/ MAF Biosecurity New Zealand's role in preventing the spread of didymo – some 57 per cent mention MAF spontaneously and over 90 per cent are aware after prompting. It is widely recognised that other organisations also have a role to play, in particular Department of Conservation, Regional Councils, Fish & Game and any clubs/ associations associated with freshwater recreation.
- 85 per cent of users having heard of Check, Clean, Dry in relation to didymo in 2007 (up from 53 per cent in 2006)
- 76 per cent said they had personally taken different steps to stop didymo (up from 29 per cent in 2006)
- The 2007 campaign had significantly higher cut through than the 2006 campaign
- The more messages people had seen the more likely they were to comply.



# Monday 29 September – 16.10

## Civic – Surrey

### Community Interventions for Health

Dr Sara Karrar MBBS MPH, Oxford Health Alliance

#### Background & Objectives

The world is in the midst of a chronic disease epidemic, with the number of cases increasing at an alarming rate in both developed and developing countries. Globalisation is viewed as contributing to changing lifestyles and the resulting difficulties in making healthy choices, be it in access, availability or affordability. All agree that something needs to be done, and fast.

The Oxford Health Alliance (OxHA), founded in 2002, has a mission 'to confront the epidemic of chronic diseases through innovative action with diverse stakeholders (including academics, clinicians, entrepreneurs, industry, and youth) around three risk factors – poor diet, lack of physical activity, and tobacco use'. OxHA enables collaboration between different stakeholders from a wide range of disciplines in order to raise awareness and change behaviours, policies, and perspectives about the epidemic of chronic disease at every level of society.

Community Interventions for Health (CIH) is the communities-in-action arm of the Oxford Health Alliance. It focuses on disease prevention by addressing the risk factors (poor diet, lack of physical activity, and tobacco use) and their barriers. By drawing on knowledge and skills of researchers around the globe, comprehensive community interventions are identified. Their implementation and evaluation will enhance scientific knowledge on the effectiveness of community interventions in reducing the prevalence of chronic disease.

The outcomes of the research programme will lead to a 'roadmap' of best practices and a comprehensive international database of process and outcomes. Currently there are four demonstration sites; China (Hangzhou); India (Kerala); Mexico (Mexico City); and the United Kingdom (Leicester). Additional funding is being sought from donors to expand the project, with the goal of including at least 15 sites globally for the dissemination phase in 2011.

#### Description

The programme focuses on a combination of five key areas:

- developing and in-transition communities
- four settings (schools, health centres, workplaces, neighbourhoods)
- assessment through rigorous research study
- assessment of the roles played by poverty and access on chronic disease mortality and morbidity
- comparative analysis

During the two-year intervention pilot study, the focus at the individual level will be changes in knowledge and behaviour as well as change in physical and biological risk factors. At the local level, the focus will be on policy and environmental changes. The interventions will simultaneously include:

- community coalition-building
- health education
- social marketing
- structural change

Intervention implementation will be adapted to the cultural, socio-economic, and geo-political variables of each country and community, and assessed with attention to these variables. More specifically, the pilot study will assess the feasibility and impact of integrated policy changes directed at environmental, social, and cognitive determinants of chronic disease.

At the community level, sustainable policy and environmental changes will be achieved through intervention mobilisation efforts within four settings (schools, workplaces, health centres, and neighbourhoods) and reinforced through media efforts.

For more information: [www.oxha.org](http://www.oxha.org) and [www.3FOUR50.com](http://www.3FOUR50.com)



# The Social Marketing of Toilets: Sanitation Marketing

Primary Author Jacqueline Devine, World Bank

## Background & Objectives

According to a 2008 joint report by UNICEF and the World Health Organisation, some 2.5 billion people in developing countries do not have access to a toilet, which has a profound effect on their health, economic and social well-being. Traditional approaches to increasing access have concentrated on building new latrines, resulting in poorly maintained and often unused facilities. Many countries, particularly in Sub-Saharan Africa, are at risk of missing their Millennium Development Goals (MDG) for sanitation. More promising approaches to increase sustainable sanitation coverage have focused on behaviour change.

With funding from the Bill and Melinda Gates Foundation, the Water and Sanitation Programme, a partnership of the World Bank, is implementing a four year project (2006-2010) with government counterparts and other partners entitled, 'Total Sanitation and Sanitation Marketing (TSSM): New Approaches to Stimulate and Scale Up Sanitation Demand and Supply Project'. The project, being implemented in Indonesia, Tanzania, and two states in India, has as its main objectives to create large-scale, sustainable, and effective demand and supply for sanitation and hygiene at the household and community level and to identify the most practical and effective approaches to scaling up and sustaining sanitation programmes so that they can be replicated in other countries and regions to meet the 2015 MDG targets.

From a behaviour change perspective, two broad populations are being targeted: 1) low-income households; and 2) sanitation service providers.

The main behavioural objectives for households are as follows:

- cease to defecate in the open
- acquire and use an improved (hygienic) sanitation facility.

For service providers, the main behavioural objectives are as follows:

- Provide information on a wide array of safe sanitation facilities to consumers
- Build or arrange for the building of the facilities selected.

## Abstract Description

This presentation will provide an overview of the following:

- baseline situation in Project sites (behaviours, key demographics, relevant social-cultural characteristics, and so on);
- relevant behaviour change determinants based on Project's framework (SaniFOAM);
- key formative research findings;
- challenges to applying standard marketing techniques (social norms, lack of standardised products and pricing opportunities, fragmented and informal supply, and so on);
- distinctive social marketing approaches to be used including generic behaviour change communication to change social norms around defecating in the open, direct consumer contact, social franchising; and
- sample communication materials.

## Evaluation

Due to the heavy emphasis on learning from this Project for the Gates Foundation, TSSM enjoys a robust monitoring and evaluation component. A 'once in a generation', state of the art impact evaluation has been designed with input from leading researchers and will focus on measuring health, economic, cognitive and social impacts from the Project as well as behaviour change. In at least one country, tracking surveys will be used to monitor changes in behavioural determinants and exposure to the various Project components.

## Manawanui: Building a digital village to encourage healthy eating and physical activity in children.

Author Tim Corbett (MBS, DipPH, BPhEd), National Heart Foundation

### Background & Objectives

- To develop a web-based presence for the Education Setting programmes of the National Heart Foundation of New Zealand.
- To utilise child media experts and experience to develop the web strategy and tactics.
- To develop a 'child centric' rather than 'programme centric' web presence.

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- To encourage children to take an active role in improving their heart health.
- To encourage interaction between children and schools to share resources and encourage diffusion of innovations.
- To develop a digital strategy that helps integrate the NHF Education Setting programmes.

### Abstract description

www.manawanui.org.nz (or www.jrfh.co.nz/manawanui) is a digital village that has been developed to integrate healthy nutrition and physical activity and present it in the context of children's lives. Web behaviour research with children, child media experts and peer modelling approaches were utilised to develop a digital village that corresponds to child web surfing behaviour and encourages children to share and model their discoveries with others. In addition, support services for schools and parents were also built in to transfer physical activity and nutrition behaviours into the family.

While the web functions allow for easy intuitive access, the greatest impact is derived from children making and sharing their physical activity and nutrition activities with other children through the web 2:0, YouTube-like functions. This allows for the children themselves to drive the content in the village and to develop content that inspires them.

An innovative user interface was developed that encourages exploration and discovery while also allowing for the site to expand into other ages, community services and home life – without having to build separate, additional sites.

The digital village is linked with a national childrens TV programme and is supported by a workforce across the country.

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## CHANGING BEHAVIOURS FOR A MORE SUSTAINABLE LONDON

### S Heath, London Sustainability Exchange

#### Background & Objectives

If everyone in the world lived as Londoners do we would need three planets to sustain us (London Remade/ London First 2003). There is a lot of evidence to suggest that although citizens want to live more sustainably and feel fairly well informed about what they could do, the majority are not acting on these desires.

London Sustainability Exchange (LSx)'s experience (Motivation Kit CD-Rom, LSx, 2006) demonstrates that a 'one size fits all' approach will not work in helping people from all communities achieve 'One Planet' lifestyles. London is a unique city with dynamic demographics. It is the largest city in Europe with a population of 7.2 million, and this is estimated to expand to over 8 million by 2020 (ONS, 2007). London is also a culturally diverse city, with nearly 30 per cent of Londoners representing a minority ethnic group (ONS, 2007). Over 300 languages are spoken by school children in London (Baker and Eversley, 2000) and there are more than 50 non-indigenous communities that have a population of more than 10,000 (ONS, 2007). In addition, the psychosocial, socio-cultural and political environments are highly complex and dynamic, providing constantly changing opportunities and challenges for businesses, organisations and communities, and a challenging context for behaviour change campaigns. London presents an ideal test-bed for a variety of behaviour change campaigns that aim to close the so-called 'value-action' gap.

#### Description

LSx's Behaviour Change Programme delivers initiatives to help shift Londoners' behaviour and cascade a lasting, rather than transient, legacy of change. Pilot projects identify key motivators, and barriers and effective ways to address these, and test the effectiveness of a range of creative and culturally appropriate outreach activities and communication channels. Comedy plays, environmentally-themed sermons and street dance workshops, are all examples of approaches that have successfully inspired Londoners to adopt more sustainable 'One Planet' lifestyles.



Monday 29 September – 16.10

## Health – Clarence Room

### Cleanyourhands: campaigning to improve healthcare workers' hand hygiene

**Katherine Wilson** – National Patient Safety Agency

#### Background & Objectives

The cleanyourhands campaign was launched by the NHS National Patient Safety Agency in September 2004. The campaign has a multimodal approach with four key components to the campaign toolkit. These have been designed to address some of the underlying reasons why healthcare workers do not clean their hands

The cleanyourhands campaign aims to help the NHS in England and Wales prevent healthcare associated infections by improving the hand hygiene of healthcare workers.

The global average for hand hygiene is 40 per cent, which means that healthcare workers are generally cleaning their hands half as often as they should. The aim of the campaign is to change the behaviour of healthcare workers so that they clean their hands more often and the critical moment: the point of patient care.

#### Abstract description

The proposed session will present the cleanyourhands campaign as an example of a social marketing campaign in practice. It will demonstrate how a national-level initiative can be developed and implemented to change practice at a local level. The session will draw on the cleanyourhands experience and share learning about what worked, what didn't and what we would do differently in hindsight. We will share our story from how the 'problem' was identified and our subsequent journey in tackling it, to where we are now. We hope it will be an inspirational session that is grounded in practical experience that will be relevant to both UK and international delegates.

The proposed structure for the session is:

- Identifying a problem – patient safety and healthcare associated infection
- Developing the solution – how we approached the issue including piloting the solution
- The cleanyourhands campaign toolkit – the different components and how these will contribute to improvement
- Evaluating its effectiveness – results from the independent evaluation
- Winners and why – at local level, what worked and why
- Lesson learnt – sharing our experience as the national lead for the campaign

#### Evaluation

The campaign is being independently evaluated through a research programme – NOSEC (National Observational Study to Evaluate the cleanyourhands campaign) – funded by the Department of Health. Infection control teams are surveyed every six months and the information gained is cross referenced with data on hospital stays and soap and alcohol handrub usage. It is a four-year programme of evaluation but results so far have already concluded that the campaign has been successful in changing aspects of hand hygiene behaviour in acute NHS trusts.

Further research with the target audience was also undertaken in 2007 as part of developing materials to support Year Three of the campaign and the results of this will be shared as part of the session content.



## 'Give it up for Baby' (GIUFB) Incentive Scheme for Pregnant Women Smoking

**Author Michael Paul Ballard, MA (Hons), Dip. Health Ed., Dip. Ed.**

NHS Tayside. Dundee University Medical School

*Co-author Andrew Radley, M.Phil, MPH, FRPharmS, NHS Tayside*

### Background & Objectives

This pilot project was undertaken in light of national targets to reduce the proportion of pregnant women who smoke to 20 per cent by 2010. In 2005, NHS Tayside's figure was 26.8 per cent with the highest proportion of these in the high deprivation areas of Dundee (35.9 per cent Community Health Profiles).

- To reduce the proportion of pregnant smokers in Tayside to 20 per cent by 2010 at a rate of at least 50 quitters per annum by means of the GIUFB initiative.

### Description

In partnership with a major Community Development Project in Dundee (Dundee Healthy Living Initiative [DHLI]), work was undertaken with local community groups to explore their views about smoking in pregnancy. This work revealed that previous attempts to engage with pregnant women smokers had been unsuccessful and more innovative approaches, which addressed life circumstances, were required. The Cochrane Review identified that an intervention that included social support, provision of incentives and nicotine replacement therapy (NRT) would be more effective than other published methods. A pilot incentive scheme (GIUFB) was implemented in partnership with Dundee City Council and ASDA. The incentive scheme utilises a care pathway in which health professionals signpost women to their local community pharmacist. The community pharmacist recruits the women and provides 12 weeks of one-to-one support and nicotine replacement therapy (NRT) if required. The pharmacist undertakes weekly monitoring of the women. If the woman provides a clear result from a carbon monoxide breath test, a credit (£50 per month) is provided to enable the woman to obtain groceries and fresh fruit and vegetables from a local ASDA store. The incentive scheme uses the Dundee Discovery Card/National Entitlement Card as a vehicle to enable the credit to be administered. The women are contacted by the DHLI and invited to participate in support activities. The reward continues throughout pregnancy and for three months after birth to maintain smoke-free status post-delivery.

### Evaluation

The project has been running since March 2007. The target of 50 quitters in 2007/08 will be achieved by the end of March 2008, and the project is already being expanded to other areas of Tayside. The GIUFB project will ensure that the Scottish Government target of 20 per cent is achieved by 2010.

## CDC's "Learn the Signs. Act Early" campaign for autism awareness: A case study using the 4 P's

**Author: Dr Katherine Lyon Daniel, Ph.D., National Center for Health Marketing, U.S. Centers for Disease Control and Prevention**

*Co-authors: Melissa K. Taylor, MA; Jana L. Thomas, MPA*

### Background & Objectives

Autism has increasingly become a focus of media and public attention, yet far too few know the early warning signs of developmental disabilities such as autism.

This session will describe:

- 1) the process used to identify a product and pricing structure to address misinformation and fear about autism with a clear message and steps for action for both parents and health care professionals; and
- 2) the use of audience research to identify appropriate messages and materials for key audiences as well as the most effective communication channels for promoting behaviour adoption.

Using social marketing principles, CDC developed a research-based campaign encouraging parents to look for the developmental milestones their child should be reaching; to talk with their child's health care professional about their child's development; and to take action if a developmental delay is suspected. The campaign also targeted healthcare professionals and early educators to talk to parents about their child's development.

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## Description

CDC initiated the development of a public awareness campaign to increase the early identification and treatment of autism and other developmental delays. Data from the 2004 HealthStyles surveys indicated that while parents were aware of their children's physical growth and development, they had low awareness of the social, emotional, and cognitive milestones their children should be reaching. This case study of the development and implementation of the 'Learn the Signs. Act Early.' campaign illustrates how analysis of the marketing mix (product, price, place, and promotion) informed the strategies and tactics of the campaign.

Guided by extensive formative research, CDC developed a campaign targeting pre-contemplator (from the Stages of Change model) parents to encourage them to actively monitor key developmental milestones in the same way they track their children's physical growth.

Audience research with parents showed that fear of autism and developmental delays, as well as the value of ensuring a child's development is on track, were common themes. Research with health care professionals indicated barriers to taking the time to talk with parents about screening and monitoring a child's development. Early educators wanted to be informed about developmental milestones, but needed guidance on how to discuss concerns with parents.

The campaign targeted key communication channels to reach parents of young children while caring for their child or seeking information. Messages and materials were provided in early education settings, pediatric and family practice offices, and a campaign website.

Campaign promotion included outreach to health care professionals and early educators via professional conferences and grassroots outreach. Parent outreach has included traditional media outreach, as well as innovative free advertising tactics, such as recurring spots on the big screen in New York City's Times Square and on a blimp in multiple cities across the country. Process measures since the launch show the campaign TV PSA has run more than 1400 times, the radio PSA has played nearly 900 times, and the web site ([www.cdc.gov/actearly](http://www.cdc.gov/actearly)) received 2.8 million page views.

## Evaluation

Data from the 2007 HealthStyles survey indicate that significantly more parents are now monitoring their children's development (58 per cent in 2005 versus 66 per cent in 2007;  $P < .02$ ) and asking their child's health care professional for information about developmental milestones (18 per cent in 2005 versus 28 per cent in 2007;  $P < .01$ ).

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## Social marketing case study: the development of a local cancer awareness communications campaign 'Don't be a Cancer Chancer'

**Author: Marilyn Simpson, Ashton, Leigh and Wigan Primary Care Trust**

*Co-authors: Kay White and Lisa Tomlinson, McCann Erickson Communications House*

### Background & Objectives

Each year, 50 lives are lost to cancer as a result of late GP presentation in Wigan Borough. Late presentation/cancer incidence data analysis, mapped using TGI, identified people aged 50+ from socially deprived areas (C2, DEs), with lung, breast or bowel cancer symptoms, as most at risk.

Our objective was to focus on these consumers, understand them and why they didn't present earlier to their GP. Desired behaviour was to get these consumers to their GP sooner. Our audience had lower levels of literacy, rejected authority (displayed NHS negativity, especially towards GPs) and disliked being lectured to about health in a 'nanny state' way. Some had cancer symptoms but had not sought medical help because they:

- 1) Were aware of symptoms, but unaware it could be cancer. They believed their symptoms normal or that they would heal, and were not motivated to see their GP.
- 2) Believed that they may have a symptom, but ignored it for fear that they would die. So they would rather stick their head in the sand.
- 3) Were not aware that they had a symptom.

Our audience visit healthcare professionals, but not to seek advice about the problem we needed to address. Messages driven through the healthcare environment simply would not cut through. We needed to raise public awareness, educate and motivate in places where the audience were, but where they would not expect to

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receive messages about their health.

### **Abstract description**

The campaign educated about symptoms of three main cancer killers:

- persistent coughing
- unusual lumps
- bleeding bums

The secondary message concerned not taking any risk with your life; and the third was a message of hope. It provided a clear call to action and motivated via the message 'catching it early could save your life'.

The tone adopted for these messages was shocking – we needed to cut through, but be hopeful (to dispel commonly-held beliefs that cancer is terminal in all cases), and motivate people to come forward. But it wasn't just what we said, it was where we said it. The campaign talked to people in an open way: in their language (friend to friend); and at times and places when they would least expect to receive a health message. A range of paid-for media and materials were developed and distributed in order to speak to consumers in the pub; the street; when they travelled; at the hairdressers; the launderette; the bingo hall; and newsagents. The 'Don't be a cancer chancer' bus was deployed to target the eight most deprived wards, which were linked to super output areas, so we could take the campaign to the heart of the most deprived areas.

A stakeholder engagement strategy ensured that GPs, health visitors, the council and all secondary referrers were involved and well-equipped to deal with and manage anticipated demand through the pathway.

### **Evaluation**

- Pre/post consumer tracking research
- GP awareness and increase in demand regarding symptoms
- Referral evaluation undertaken and referral pattern data is being explored for full evaluation (expected July 2008) and sharing protocol can be developed and implemented.



# Practical Abstracts

Tuesday 30 September – 12.00

## Sexual Health – Library

### Forty years of Contraceptive Social Marketing in developing countries: Can the lessons inform broader public health issues?

**Author: John Davies**

#### Background & Objectives

This report aims: (1) to describe the expansion of Contraceptive Social Marketing (CSM) from its South Asian 'cradle' to more than 60 countries; (2) to describe major contributions of CSM that may help social marketers and public health practitioners; and (3) to suggest some unmet needs for CSM programmers.

#### Abstract Description

In 1968 the government of India harnessed the marketing resources of large commercial companies to supplement the public sector family planning activities by marketing its Nirodh brand of low-priced condoms through private pharmacies and shops. In 1971, Kotler and Zaltman defined and described the concept of Social Marketing. The following year, Population Services International (PSI) organised a Contraceptive Social Marketing (CSM) pilot project for Kinga condoms in a rural district of Kenya. In 1973, PSI applied Kinga's lessons in a nationwide CSM project in Sri Lanka and added oral contraceptive pills. Then PSI launched a similar project in Bangladesh in 1975. In 1976, Westinghouse Health Systems launched a CSM project in Nepal. By 2007, CSM had expanded from this 'cradle' of large-scale programmes in four South Asian countries to 67 countries; some countries have several CSM projects and several contraceptive products plus other mother and child health products along with substantial in-service training programs for health service providers.

Contributions from CSM cradle countries to international public health activities include the use of evidence-based planning; development of the right products, prices, places and promotion for downmarket families, massive expansion of condom distribution through non-traditional outlets; widespread use of education-entertainment, development of specialised evaluation tools; as well as development of public-private partnerships for contraception, mother & child interventions and HIV/AIDS control. Unmet needs for CSM in cradle countries include development of evaluation methods, reaching out to husbands, greater emphasis on 'To Tell the Truth', trading-up to more reliable contraceptive methods, a constructive debate about 'competition', and the benefits of linking CSM with infant survival activities including antenatal care and exclusive breastfeeding.

#### Evaluation

Topics include: sales volumes; couple-years-of-protection; household surveys; shares of prevalence; retail audits; qualitative methods; a monitoring check-list; snowballing/ tipping points.

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### Increasing condom accessibility and choice in Nepal through partnership with the commercial sector

**Authors: Rajeeb L. Satyal, Academy for Educational Development (AED)  
Peter Oyloe & Reed Ramlow, Academy for Educational Development (AED)**

#### Background & Objectives

In recent years the HIV/AIDS epidemic in Nepal has gained greater significance, and Nepal has progressed from a 'low prevalence' country to one with a so-called concentrated epidemic in certain sub-groups of the population (such as sex workers and intravenous drug users). Responding to this, national HIV/AIDS prevention and social marketing efforts have focused on increasing correct and consistent usage of condoms among these groups. In 2006, the Academy for Educational Development's (AED) Nepal Social Marketing and Franchising Project: AIDS, Reproductive Health, and Child Survival (N-MARC) project, building on USAID's 30

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years of social marketing investment in Nepal, initiated a commercial sector condom strategy.

The objective is to enhance the role of the commercial sector to complement and supplement the government's effort in meeting overall country demand for condoms, with a particular focus on expanding commercial sector presence in high-risk areas.

### Abstract Description

The years of investment by USAID in Nepal has resulted in an almost total awareness of condoms and an annual demand of approximately 44 million condoms. Two sectors (government and social marketing) provide approximately 80 per cent of this demand. The commercial sector has approximately 10 per cent of the market and is represented by approximately 25 different brands, coming in an assortment of combinations of different features: from ribbed, flavored, contoured, and ultra-thin to 'vibrating condoms'. The N-MARC commercial sector strategy encourages the sustained investment by commercial firms in reaching the target consumers long after the life of the project. N-MARC's strategy focused on providing matching funds to commercial sector condom distributors with an interest in expanding brand marketing, and distribution activities targeting high-risk areas and most-at-risk groups. Besides the matching funds, N-MARC provides routine technical assistance to each company on marketing and distribution strategies and brand rationalisation. This represents a new era in social marketing in Nepal, whereby N-MARC enrolls and mobilises commercial sector partners to invest their money, skills, and entrepreneurship to sell products that are of high social value.

### Evaluation

N-MARC has established partnerships with three commercial sector condom distributors, resulting in the launch of four new brands of condoms, in addition to the five already distributed by partners. One distributor led the introduction of V-Amour, the world's first latex female condom, into Nepal. Within the first six months, distributors have seen increased sales of 35 per cent and 65 per cent compared to the same period in the previous year. Additionally, each has increased the number of outlets where its products are present by over 100 per cent, and increased the number of districts where their products are available from less than 20 to over 70 of the 75 districts in Nepal. Targeted promotional & distribution activities among high-risk groups have significantly increased.

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## An HIV Prevention Campaign targeting men who have sex with men (MSM) in Hong Kong (2006)

Joseph Lau, Red ribbon aids campaign

### Background & Objectives

An HIV prevention campaign, the 'Do it safely' campaign, was launched in August 2006 through April 2007 by the Special Preventive Programme of the Department of Health, Hong Kong SAR, in collaboration with some local NGOs. A workgroup was formed to explore customer orientation in November 2005, involving the MSM community and stakeholders.

The campaign aimed to achieve the outcomes of promoting condom use and uptake of voluntary counselling and testing (VCT) services. Increasing HIV awareness was a vital to achieving these behavioural outcomes. In different phases, the emphasis was put on increasing HIV awareness; promotion of safer sex; and promotion of voluntary counselling and testing (VCT) services.

### Description

Components of the campaign included creation of three sets of posters (two in each set); distribution of give-away items including condoms, lubricants and IEC materials in over 50 gay bars and saunas; advertisements in gay magazines; setting up of a website for MSM and putting up banners in the main gay websites; and the setting up of a HIV testing telephone hotline. An 'HIV-testing Week' event was also launched. Some other events such as a gay film festival and a short-film competition were implemented by some local NGOs during this campaign period.

### Evaluation

The campaign was independently evaluated by the Chinese University of Hong Kong; about 150 MSM from gay bars; 150 from gay saunas; and 150 via the internet. 30 keepers or owners of eleven venues were also surveyed. The results show that respondents were highly knowledgeable about HIV-related matters. Of all respondents, around 50 to 60 per cent had been exposed to the campaign's posters, free distribution of condoms/lubricants/IEC materials promoting safer sex, and information about HIV antibody testing. However, those accessed via the internet were less likely to be exposed to such information or materials. In general, the campaign was very effective in promoting awareness (around 80 per cent or more), while respectively

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72.8 per cent and about 50 per cent of the respondents who were exposed to the campaign found it effective in increasing their chance of using condoms, or willingness to use HIV antibody testing services. Those who found the campaign ineffective attributed this to the lack of new information and other reasons. It is also found that respondents overestimated the HIV prevalence among Hong Kong MSM. Internet stood out to be a promising means of social marketing for HIV prevention as well.

In this presentation, the Campaign will be assessed further by the Social Marketing National Benchmark Criteria and discussion will be made on some lessons that can be drawn from this social marketing exercise in Hong Kong.

## **‘FEEL SAFE, BE SAFE’ – a social marketing approach to encourage young people to access sexual health services in Barnsley**

**PRIMARY AUTHOR: Aline Delawa, The Campaign Company**

### **Background & Objectives**

Sexual health is one of the most individually, socially and politically challenging areas associated with health inequality. Barnsley Primary Care Trust and its partners are committed to improve the sexual health and well being of residents within the borough and to reduce the rising number of unintended pregnancies and sexually transmitted infections.

Barnsley PCT has recently redeveloped its sexual health services, but and in doing so has realised that a public information campaign is needed. Most people still do not know what sexual health services are offered and how they can be accessed. Having learnt from previous mistakes, the PCT recognises that using a range of social marketing approaches is likely to achieve a higher impact in improving the sexual health and wellbeing of the local population.

The Campaign Company has been working with the PCT to develop a campaign that:

- is insight-driven rather than message-driven
- identifies and segments the target groups
- understands the personal, social and structural factors that motivate or affect the target group’s behaviour
- clarifies the vital behaviour change needed for this specific intervention
- identifies the message carriers and agents who can help influence an individual’s behaviour.

### **DESCRIPTION**

We have just completed the insight phase of this work. Our approach has been as follows:

- Initial scoping; audience segmentation; benchmarking; and in-depth interviews with stakeholders who have an involvement in sexual health provision or young people, enabled us to identify the target groups and their current behaviour.
- Insight work (through focus groups and lifestyle interviews) with 300 young people in schools, colleges youth clubs, specialist meetings, public events, pubs, clubs, and so on.

### **EVALUATION**

We are now in the development stage of the campaign in which we are testing the campaign messages, narrative and strapline, and recruiting the peer champions to be used in the intervention. ‘Feel Safe, Be Safe’ is the most popular campaign name at present, but that may have changed by the time the campaign starts in October.



Tuesday 30 September – 12.00

## Youth – Surrey

### Formative and process evaluation components of a large-scale social marketing campaign for youth on drugs of abuse: Optimising messages and safeguarding against unintended effects

**Author: Robert W. Denniston, Office of National Drug Control Policy,**

*Co-authors: Kristen D. Holtz, Ph.D., KDH Research & Communication. Tanya White, Draft FCB*

#### Background & Objectives

In the United States, youth drug use has shown recent declines but remains a major public health concern because of its significant economic, social, and personal costs. Because of its breadth, a multimedia social marketing campaign can reach many youth with accurate and persuasive information about the negative consequences of and positive alternatives to drug use.

To this end, the National Youth Anti-Drug Media Campaign (NYADMC), conducted by the U.S. Office of National Drug Control Policy, uses mass media and other public communications to reach youth ages nine through 18 with information about drugs of abuse, specifically marijuana.

#### Description

This presentation will discuss the formative and process evaluation processes instituted by the campaign. These evaluation approaches, which include qualitative focus groups and quantitative copytesting, serve two complementary purposes for the campaign: 1) to provide target audience insight for message development and refinement; and 2) to ensure that there are no unintended effects, such as contribution to a false norm about the prevalence of youth drug use or a heightened desirability to use drugs. More specifically, this presentation will explain the methodology for these two approaches; discuss how each is rooted in the theoretical basis of the campaign; and provide examples of how the evaluation data are used to continuously refine the campaign to optimise outcomes.

#### Evaluation

The NYADMC is based in the Theory of Reasoned Action, which posits that exposure to persuasive information causes changes in knowledge, with cascading changes in attitudes, intentions, and, finally, behaviour.

The NYADMC uses qualitative focus groups for two purposes. First, focus groups provide target audience insight to inform the development of new advertising. Indeed, formative research insights have helped the campaign develop a 'youth voice' for advertising; design relevant prevention messages that resonate with youth at the moment of decision about drug use; identify innovative message delivery channels that break through the clutter; and find strategies to push back against pro-drug influence. Second, all advertising concepts undergo qualitative focus group testing with members of the target audience prior to ad production. These focus groups are used to probe whether target audience members clearly understand the main message of the advertising. Only the ads that suggest knowledge change move forward into production.

In copytesting, final-format advertising is subjected to quantitative testing prior to launch, both to determine efficacy of the ads and to ensure there are no unintended effects, such as contribution to a false norm about the prevalence of youth drug use or a heightened desirability to use drugs. The copytesting protocol taps a number of attitudes, beliefs, and intentions, drawn from the theoretical basis of the campaign and related specifically to general and drug-specific influences in teens' lives, the social desirability of drug use, and the likelihood of drug use by self and in the peer group.



## Implementing the Human Papilloma Virus (HPV) vaccination: attitudes, audiences and approaches for 12-13 and 16-17 year old girls.

**Author: Chrissie Fairclough (MA Hons, MBA), NHS Health Scotland**

*Co-author: Paula Fletcher (BA Hons, Pg Dip), NHS Health Scotland*

### Background & Objectives

300 new cases of cervical cancer are diagnosed in Scotland each year, and approximately 100 women die from the disease annually. From September 2008, a new routine immunisation programme was implemented for 12-13 year old girls against the two high-risk types of HPV known to cause 70 per cent of cervical cancer. In Scotland, the programme is to be predominantly school-based, with girls out of school vaccinated by their GP. It will be offered to 30,000 girls each year, with three doses given over a six-month period. The vaccine is not obligatory.

Short-term, the objective was to ensure the rationale and benefits of the vaccine were known, understood and positively received by the designated audiences. The long-term objective was to encourage optimal uptake of the vaccine.

Given the complex nature of the implementation, the audience was multi-faceted. For year one, the target audience of 12-13 year old girls and their parents/carers was complicated by a time-limited catch-up campaign for 16-17 year old girls. This resulted in an additional 60,000 girls eligible for immunisation in the 2008/2009 school year, 20,000 of whom are outside school.

### Abstract Description

Key benchmark criteria for this programme were customer orientation, behaviour, insight, exchange, segmentation and methods mix.

To maximise the vaccination rate, it was critical to investigate HPV vaccine psychographics among supportive, indifferent or resistant individuals, and the attitudes, beliefs, opinions, and values surrounding the decision to obtain or not obtain vaccination. This formative research project was based on 14 qualitative interview studies, each consisting of six individuals, exploring the views of parents, young people, school teachers, GPs and school nurses in seven schools and health board areas across Scotland.

Among the public audience, three audience segments were identified: we welcome a vaccine for cancer prevention; we know nothing about this and need more information; and we have concerns about vaccine safety/eligibility/consent/sexual health messages. This informed different aspects of the programme implementation: place of delivery; tailored approach for faith schools; training materials for health and education professionals; community engagement with health boards and local authorities; equality impact assessment; and information distribution through a range of channels. Appropriate promotional messages were developed to 'normalise' the vaccine with knowledge of triggers and barriers for girls and parents.

### Evaluation

At the time of going to print, the immunisation programme was due to commence on 1 September 2008 with subsequent attitudinal research scheduled. This will be measured against the baseline research cited above and will be used to assess the effectiveness of the interventions employed.

The following activities will also be carried out at quarterly intervals from the launch: a media relations review to identify messaging; call volumes to the NHS Helpline; website visits; feedback from NHS Boards; tracking survey for pre- and post-advertising; and, not least, vaccine uptake.

## You have a friend request: Observing a teen network on Facebook

**Author: Ronne Ostby, MA. Academy for Educational Development**

### Background & Objectives

Facebook - 'a social utility that connects you with the people around you' - and other similar media have revolutionised the way young people create, connect and communicate. Launched in early 2004, Facebook was originally developed for college students at Harvard; it was then expanded to the entire Ivy League, then to all college students, then high-schoolers. There are now more than 69 million active Facebook users around the world aged 13 and over.

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The use of social utilities, such as Facebook, poses important questions for today's social marketers, particularly those working to reach teens. The practitioner must understand: what social media utilities are and how they work; the way teens convey their personas on Facebook; whether these personas or 'profiles' are or are not consistent with reality; and, if this affects the prevailing social norms around important risk behaviours.

When there is confusion or misunderstanding about teenage behaviours - particularly the risky ones - it is difficult for young people to develop their unique values and ideals about what's right and wrong. They are constantly challenged to invent and reinvent themselves, their personalities and actions.

At the end of this session, participants will be able to:

- discuss the social networking utility Facebook and its key features
- better understand how some teens convey their personas on Facebook, and by doing this how they contribute to perceived social norms, particularly around drug and alcohol use, and sexual activity
- be thoughtful about how Facebook activities could create both synthetic and real experiences

## Description

This interactive workshop features information and insights collected by the author through unobtrusive observation while she was a member of a high school Facebook network. The presentation will first describe the formative research approach and methodology used, then take participants into a Facebook network to observe how 'friends' use the utility for creation, connection and communication. Key features of Facebook—such as photo albums, 'wall-to-wall', and profile pages—will be investigated. Through the review of select data collected by the author over the course of nearly a year, participants will better understand the potential implications how teens portray themselves in virtual environments versus in reality, and by doing this how they contribute to perceived social norms, particularly around drug and alcohol use, and sexual activity. Differences between boys and girls will also be studied.

## Evaluation

Two important concepts emerge from theory to help guide an initial analysis: social norms, and synthetic and real experience.

Fishbein and Ajzen (1975) posited that behaviour deals with the relations among beliefs, attitudes, intentions, and behaviours. They proposed two main ideas in explaining this relationship. The first idea asserted that a behaviour is assumed to be primarily a function of a person's intention to perform the behaviour. Second, the intention to perform the behaviour is a function of two factors: a personal factor, or an individual's attitude toward the behaviour, and a social factor, or the norm associated with the behaviour.

Underlying both factors are the individual's beliefs about whether the behaviour will lead to positive or negative outcomes and what other individuals or groups will think about the behaviour, as well as the person's own motivation for agreeing with and acting on these beliefs.

Consider also that Funkhouser and Shaw (1990) suggested that cinematic and computer techniques and formats are uniquely persuasive and have qualities that manipulate and reshape content in a way that removes audiences from reality creating what he calls a 'synthetic experience,' thus allowing individuals to experience life through media-depicted events in a way that is mistakenly 'perceived and stored' as reality.

They confuse 'real events' with 'synthetic events'.

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## From 'child abuse prevention' to 'helping families put together what's best for their children' - using a social marketing approach to re-brand and re-position an NGO

**Author: Elizabeth Kinley, Jigsaw Family Services, New Zealand**

*Co-author: Tau Huirama, Jigsaw Family Services, New Zealand*

### Background & Objectives

Jigsaw Family Services New Zealand (NZ) is a national network of 26 local and independent child- and family-focused social agencies, working together to prevent child abuse and family violence. Its role is to promote the safety and well-being of children within the context of their family.

In 2005 the newly appointed national Chief Executives (Maori and non-Maori) and their Board, recognised that Child Abuse Prevention Services needed to rebrand and reposition itself in the national arena, so the agency could access every possible opportunity to provide leadership as an influencer for social change. This transformation process began in July 2005 and reached a major milestone in July 2006 when the new brand, Jigsaw Family Services, was launched at parliament by a senior government minister.

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The target audience was the agency's national membership community of approximately 1,000 professionals, volunteers and member agency executive committee members.

The objectives were to:

- inform, challenge and promote debate amongst members about the long held assumption that focusing on a problem is the best way to solve it
- facilitate member conversations that resulted in proactive support for an alternative assumption, that focusing on the potential of parents and families to do their best for their children is the best way to engage them with positive change
- get people actively engaged in choosing and voting for a new brand that would support a newly defined social action role

#### Abstract Description

This presentation describes a strategic change process based on social marketing principles, applying core social marketing approaches and with its foundations in an established theoretical framework.

#### Approaches

Building from the 'customer triangle' model, the presentation will outline the various social marketing approaches used, reflecting on the outcomes achieved and the social marketing lessons learned.

#### Principles

Integrated into this description will be an analysis of the way all eight National Benchmarking Criteria featured in the design. Audience segmentation, for example, enabled differentiated communication styles and messages to engage different cultural audiences.

#### Theory

The presentation will show how the chosen theoretical frameworks informed design and implementation, specifically: appreciative inquiry, an indigenous Maori conceptual and value framework, systems and ecological theory and the stages of change model.

#### Evaluation

While there was no formal external evaluation of this project, its effectiveness has been evidenced through:

- a unanimous membership vote for change
- Jigsaw's subsequent success, engaging government, business, sports and community partners in shared social action

**Tuesday 30 September – 12.00**

## PCT – Clarence Room

### Get Closer (Breastfeeding Campaign)

**Authors: Matthew Atherton, Anna Nygaard, Rachel Lewis**

Halton's Healthy Living Programme

#### Background & Objectives

There is a large evidence base that supports breastfeeding for health improvement. However, in 2007, breastfeeding rates in Halton were 40 per cent lower than the national average. There were many reasons for this, including high levels of deprivation and teenage pregnancy.

In 2007, a Breastfeeding Task Group was formed to develop a targeted approach to improve breastfeeding initiation rates, led by one of the first social marketing campaigns to be seen in the area. Using a comparatively small budget, the group aimed to understand the values of our new mums, and to ensure those needs were met through the campaign.

The target audience for the pilot was made up of pregnant women in Widnes.

#### Objectives/Behavioural Goals

- To increase breastfeeding initiation rates by 2 per cent
- To provide tailored resources enabling the effective promotion of breastfeeding
- To train key delivery teams in the most effective methods to engage pregnant women with the campaign

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## Description

A thorough scoping phase was conducted with local mums, to find out what the barriers to breastfeeding were, and to discover how our target audience thought the issue should be tackled.

While women were interested in the health benefits of breastfeeding their baby, existing messages were confusing, with many believing that formula milk was equally as good. There was also conflict between the women's view of themselves as 'mothers' and as 'women', which led to a desire to resume 'normal life' prior to birth, with a focus on post-pregnancy weight loss.

Added to this confusion was a significant cultural barrier - breastfeeding rates were low and so 'not seen' in Halton.

The result of this insight was the Get Closer Campaign – tailored materials for both mums-to-be and their partners, covering topics such as:

- health benefits of breastfeeding
- losing post-pregnancy weight
- tips for effective breastfeeding
- advice for fathers-to-be

The project was piloted in Widnes, and its success has led to it being rolled out across Halton and St Helens.

## Evaluation

Get Closer has been evaluated through:

1. structured evaluation at the birth visit stage;
2. consultation with the Midwifery team; and
3. a launch event

This process commenced in March 2008, and results will be available in the Autumn of 2008.

## Go! (Men's Health Campaign)

**Author: Matthew Atherton, Halton and St Helens Primary Care Trust**

*Co-author: Anna Nygaard*

### Background & Objectives

Men's Health is an emerging issue across the UK. Located in the North West, Halton is one of the areas facing the greatest challenges.

The target audience consists of men over 40 in Halton's most deprived wards.

### Objectives/Behavioural Goals:

- To motivate the target audience to attend a free men's health check
- To engage attendees with additional programmes relevant to their health situation
- To promote simple ways of achieving healthier lifestyles on a one-to-one basis

### Abstract Description

The Go Campaign is a valuable case study, due to its highly segmented nature. Funding was secured for a pilot project offering men's health checks in specific areas within Halton.

The campaign had to be highly visible in these areas, but avoid 'leakage' into other locations. An added challenge also stemmed from poor literacy rates in these areas – as high as 40 per cent.

The scoping and resulting insight proved invaluable in developing the campaign approach, targeting the audience segment through:

- a simple, clear and powerful brand
- direct mailings
- events in the local areas
- incentives to attend
- promotion of confidentiality
- use of secondary audiences

The issue of confidentiality was a key element of the insight gained. Focus groups highlighted fears about

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losing benefits by attending health checks – a discovery which enabled us to address this issue in our promotional material.

The GO brand has been extensively tested and refined, and the delivery of the health checks are closely tailored to the expressed needs of the audience.

### Evaluation

The evaluation of the programme is being carried out by the University of Liverpool. However, in order to enable ongoing refinement and adjustment, a review of the marketing has been built into the booking process.

Attendees are interviewed about their awareness of the marketing campaign and the specific materials that led them to book a health check – thus enabling effective management of a live and dynamic campaign. In this case, direct mail has proved to be the most effective approach to targeting our limited geographic areas.

The pilot campaign has proved hugely successful, with all initial health check sessions being fully booked or over-subscribed. The DNA (Did Not Attend) rate for the sessions has been very low at 10 per cent, and 70 per cent of men have gone on to access other health programmes.

## Greater Manchester Quit IT Campaign

### Presenter: Rebecca Wild, Dr Foster Intelligence

*Co-author Will Blandemer, Association of Greater Manchester PCTs. Martin Machray, Dr Foster Intelligence*

### Background & Objectives

The 1 July 2007 smoking ban in public spaces provided a unique opportunity to engage the target audience.

The ten primary care trusts comprising the Association of Greater Manchester Primary Care Trusts (AGMPCT) wanted to:

- inspire Greater Manchester's socially excluded population to believe that they can stop smoking;
- ensure they know how to get the best support;
- reduce the risk of health inequalities growing as the legislation takes effect;
- generate leads of potential quitters;
- understand the requirements of service users to deliver a gold standard NHS Stop Smoking Services.

The target group was the socially excluded population of the whole of Greater Manchester, many of whom have hard lives. Further qualitative research showed that:

- 57 per cent of smokers would like to quit but one in three (38 per cent) have never tried.
- health concerns are the main motive for quitting
- few smokers knew what the NHS Stop Smoking Services offered.

### Abstract Description

July 2007 saw the ban on smoking in public places, with the objective of reducing the impact of secondary smoking, making work places a healthier environment and reducing the prevalence of smoking.

14 people were dying each day as a result of smoking-related illnesses in Great Manchester. While the ban was seen as an opportunity to stop smoking by some population segments, those socially excluded were unlikely to embrace the ban, potentially increasing health inequalities among certain groups.

Ten Primary Care Trusts (PCTs) in the Greater Manchester area set about the challenge of finding ways to inspire the socially excluded population to quit smoking. They wanted to ensure they had a thorough understanding of the attitudes and behaviours of the different populations, generate leads of potential quitters and thereby understand the competences required for an excellent NHS Stop Smoking Service.

This session will demonstrate how a complex sector, the NHS, delivered an integrated campaign, 'Quit It', and how one region has managed to deliver 6000 plus potential quitters; demonstrate an ROI of £1m; and use the research results into behaviours of population groups to achieve a better Stop Smoking Service within the NHS.

### Evaluation

The Quit It campaign delivered 6,163 potential quitters to the Stop Smoking Services in Greater Manchester.

The potential Return On Investment is £1,174,890 (using the NICE modeling tool):

- 114 fewer myocardial infarctions and 83 fewer strokes over 11 years.

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A post-campaign survey, supported by an evaluation by Social and Market Strategic Research (SMRS), showed an increase from 11 per cent to 39 per cent of those saying they were very or fairly likely to use NHS Stop Smoking Services in the future to help them quit.

DFI also researched the audience's attitudes towards the present, and desired care pathway of the Stop Smoking Services, in order to recommend how to achieve a 'gold standard' service.

## Social Marketing in the NHS – can it deliver results?

**Primary Author: Karen Chaplin – Barnsley PCT**

*Co-author: Aaron Garside – Dr Foster Intelligence*

### Background & Objectives

Barnsley Hospital NHS Foundation Trust carried out research in their A&E admissions and found that heavy flow of repeat admissions was putting a strain on their service.

Barnsley PCT commissioned Dr Foster Intelligence to design and implement a social marketing campaign around reducing inappropriate use of A&E.

The aims of this project were to:

1. Compile robust market research information to identify which target audiences are most appropriate for the campaign.
2. Understand the attitudes and behaviour of this target audience.
3. Design a social marketing implementation that encouraged them to change their learned behaviour and use more appropriate forms of urgent care.
4. Implement the social marketing campaign.

### Abstract Description

Many health care organisations are trying to address similar problems to each other and are using social marketing techniques as part of their approach. Changing demand for services, particularly promoting primary care services as a preference over secondary care, is one such problem.

Like others, Barnsley PCT has a problem with its community using Accident and Emergency for minor, non-emergency ailments, rather than being treated by their local GP, pharmacy or walk-in centre. Experience and case studies from other organisations, such as Tower Hamlets PCT, suggested that social marketing can be successful in helping to tackle this problem. The PCT therefore decided to take this learning and use it to address their challenge.

However, although the problem faced was similar, the context, and thus the solution, were likely to be different for the people of Barnsley. Before the campaign could be implemented, the trust had to understand the transaction these patients went through when they needed to use the NHS services. Why were they more likely to go to A&E and not visit their local GP, who was closer to where they lived?

You will find out how Barnsley identified a target audience of men aged between 20 and 45 – with a focus on men in their twenties – from working-class backgrounds in four Lifestyle Types, and how the trust then delivered a targeted campaign to reach these groups.

### Evaluation

The campaign has only just finished, so we should have results available soon. However, from the market research we were able to identify that:

- The most promising target audience for the campaign is men aged between 20 and 45 – with a focus on men in their twenties – from working-class backgrounds.
- Promising methods of communication would include posters, direct mail and texting, though this would be tested through qualitative research.
- Although it was not possible to determine whether repeat users were also inappropriate users, experience suggests that repeat users – who have an entrenched pattern of behaviour, and may well have complex and multiple health needs – are unlikely to be influenced solely by a social marketing campaign.

The intervention included:

- A direct mail campaign to over 90,000 households, which included those 1153 repeat offender postcodes.
- A poster campaign to all GP surgeries, dentists, post offices, libraries, bingo halls and supermarkets.
- A two-day public engagement campaign in the town centre, handing out information on services and when best to use them.



## Multi-agency work to improve the snacking habits of preschool children

**Author: Carol Johnson-Eyre, ChaMPs Public Health Network**

*Co-author: Tony Ellis, ChaMPs Public Health Network*

### Background & Objectives

Social marketing was adopted by ChaMPs Public Health Network in Cheshire and Merseyside in its Snack Right project to improve the snacking habits of children from deprived neighbourhoods across the two counties, in order to:

- gain a better understanding of the process of social marketing using the Total Process Planning model;
- gain social marketing skills to build capacity and capability in the NHS;
- make fruit and vegetables a snack of choice among the target audience.

### Description

Snack Right is a two-phase project funded by £263,000 from the Department of Health Communities for Health fund. The first phase took place in summer 2007. The second phase will begin in June 2008 and will be completed by autumn.

In phase one, the project worked with the food retailer, Aldi and the national Healthy Start welfare voucher scheme, as well as health professionals. The project manager also recruited more than 150 Snack Right 'ambassadors' to champion the intervention with parents and carers at local level.

Snack Right phase one was delivered through 15 local events, mostly at local authority children's centres, which encouraged preschoolers to try fresh fruit and vegetables as an alternative snack, using games and play in a fun environment. They were supported by a media campaign and leaflets delivered to 113,000 homes.

The events also promoted Healthy Start vouchers, worth between £3 and £6 a week. Initial data showed an increase in applications during the intervention.

50 events were delivered in phase two which used direct marketing to sustain engagement and embed healthy snacking habits in the target audience after attending an event. The Snack Right 5, a cartoon group of fruit and veg characters, were developed and used as in all phase two materials.

### Evaluation

Phase one evaluation recorded more than half of respondents reported awareness of the Snack Right intervention for phase one. Phase two evaluation will be available in spring 2009.

## A Step Change for Health Improvement – The Social Marketing Approach in Hull

**Emma Owen, Hull Teaching PCT**

### Background & Objectives

We are an intelligence-led Public Health Directorate (with a track record of producing large scale surveys), actively applying social marketing principles in the drive towards world class commissioning. We will present our programmes of work at the conference, along with our initial research findings.

1. Training and development of staff (social marketing capacity and capability building especially in PCT public health provider services).
2. Key Public Health Programme (Obesity, Smoking, Alcohol, and Domestic Violence) scoping, development, implementation and longitudinal follow-up.

### Abstract Description

Domestic Violence

We are developing a Domestic Violence Social Marketing Programme - the first of its kind in the UK - which looks at looking at perpetrators. We will be utilising some of the elements of the award winning Freedom for Fear project (Australia), complemented by the expert planning and implementation skills of the multi-agency steering group. We aim to launch the new service by September 2008.

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### Alcohol

Our alcohol programme is examining binge drinking in 14 to 24 year-olds using a social marketing approach, in order to develop services to change their behaviours.

### Obesity

We are looking at obesity in Adults aged 40 to 65 using a social marketing approach, to develop and target services to change their behaviours. This is part of an overarching approach to reducing all levels of obesity at all ages in Hull, and will have a family friendly approach which will have impacts beyond the target group.

### Smoking

We are also aiming to increase the number of smokers quitting via the PCT's stop smoking services. We will use a social marketing approach, first to gain insight into their behaviours, and then to respond to these insights by planning and implementing service developments and redesigns. We will use social marketing techniques to promote the service.

### Evaluation

Work is ongoing, using market segmentation techniques to add to our demographic, and epidemiological targeting approaches in developing existing programmes of work.

Market research and consumer insight has already started, and further work is planned for the coming months. Results of the insight are, and will continue to be, used to inform practice and service developments. We are using distinctive social marketing approaches, having gained consumer insight through the use of tools such as focus groups and questionnaires. We are developing our marketing mix, developing services informed by consumer insight.

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## What will you change? - Tackling Health Inequalities and Supporting Healthy Lifestyles through Commercial Partnerships in Liverpool

**Author: J Thomas, Liverpool Primary Care Trust**

*Co-authors: Dr Paula Grey and Emma Page, Liverpool Primary Care Trust*

### Background & Objectives

Liverpool has among the highest mortality rates and one of the lowest levels of life expectancy in the country - as much as ten years difference in some areas. People living in the most deprived areas of Liverpool are more likely to develop chronic disease such as cancers, heart disease and strokes than in other parts of the country.

The New Year is a time when people often consider making healthy changes to their lifestyle. Recognising that the public may be more receptive to information and support during this period, in January 2008 Liverpool PCT launched an innovative campaign in conjunction with Boots the Chemist and Health Retailer to encourage people to lead healthier lifestyles called 'What will you change?.'

- Raise awareness of the importance of making healthy lifestyle changes and the information and support available from Liverpool PCT for each of its four main public health programmes (Active City, Taste for Health, Fag Ends and Pssst!)
- Establish methods of making support for lifestyle changes more accessible; and in new environments (such as retail environments)
- Increase the number of people in Liverpool making healthy lifestyle changes, and thus improving long-term health
- Associate Liverpool Primary Care Trusts public health programmes with Boots' Change One Thing campaign
- Introduce NHS Personal Health Trainers to a wider audience

### Abstract description

The presentation will show how the total process planning model has been utilised to tackle health inequalities in an original and innovative way. Insight from alcohol, physical activity, diet and smoking programmes was combined to develop a campaign which would target key audiences and encourage them to lead healthier lifestyles.

What will you change? concepts focused on local people who had made a healthy lifestyle change. Models represented key target audiences for each lifestyle change (for example, young BME men, who are under-

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represented in the smoking cessation service; and 18-35 year-olds, among whom binge-drinking is highest). An outdoor campaign targeted areas where health inequalities are the highest, using MOSAIC data to position adverts in areas inhabited by specific target audiences.

To make information and support more accessible, Liverpool PCT forged a unique partnership with the health retailer Boots. Boots' successful Change One Thing campaign encourages people to make healthy resolutions every January. In stores across Liverpool, What will you change? brochures were displayed next to Change One Thing stands to offer localised information. NHS Personal Health Trainer clinics were held in-store, offering one-to-one support. Support packs containing support tools were also available.

To inspire the public, local radio and newspapers ran features following people making healthy lifestyle changes. A promotional team also visited shopping centres to encourage shoppers to pledge to make healthy lifestyle changes.

## Evaluation

Almost 60,000 brochures were distributed as part of the campaign. 80 per cent of people who contacted Liverpool PCT as a result of the campaign said that they would like to receive further information about healthy lifestyles. A full evaluation is currently underway to measure whether the campaign has successfully encouraged and supported people to make healthy lifestyle changes.

Feedback from frontline staff about the campaign has been extremely positive. As a result, a further campaign with a spring theme has been launched, and NHS Personal Health Trainer will continue working in Boots.

## Using mystery shopping to inform service redesign in the NHS

**Author: Sue Trees – Sutton & Merton PCT.**

*Co-author: Clare Fuller – Dr Foster Intelligence*

### Background & Objectives

- Develop social marketing capacity and capability within the PCT, with smoking cessation as a priority
- Understand how to increase numbers of smokers from specific key target audiences, especially 'hard to reach' groups, to quit smoking using Sutton and Merton PCT's Stop Smoking Service
- Use social marketing techniques in 2008 to 2009 to address health inequality, and increase the number of 'hard to reach' groups accessing the service

### Abstract Description

Sutton and Merton PCT (Primary Care Trust, NHS) has the same challenges of any London PCT, with a diverse community, pockets of deprivation and areas of wealth. However, compared to its inner city peers, it is considered relatively affluent and healthy. The challenge for the Stop Smoking Service was to develop a single service that was understood and assessed by all different groups.

With this goal, the PCT undertook the bold challenge of agreeing to review itself with a 'no holds barred' approach, making it very open to criticism, and accepting some quite cutting feedback. The team have embraced this, and are making way for a far more accessible service.

This session will look at how social marketing is being used within the PCT with smoking cessation as a priority; and how social marketing techniques can increase the recruitment of smokers to the Stop Smoking Service, and, over the next 12 months, address health inequality and increase the number of 'hard to reach' groups accessing the service.

### Evaluation

The trust is still developing its strategy for improvement, but having taken the step of conducting 'mystery shopping' exercises into how target groups used the Stop Smoking Service, recommendations have been made which the PCT is using to improve the service.

By September we should have clear evidence of how social marketing has made way for service redesign.



# 'Be A Star' – Breastfeeding initiation campaign

**Authors:** Steven Johnson, The Hub. Helen Johnson, The Hub

**Presenter:** Michelle Atkin, BA Hons, Little Angels

## Background & Objectives

The UK has one of the lowest breastfeeding rates in the world, especially among families from 'hard pressed' groups and particularly among young white women from these groups.

In this context, The Hub (a social marketing creative agency) was commissioned by Central Lancashire PCT, in collaboration with Little Angels (a third sector social enterprise offering community-based peer-to-peer support for breastfeeding mothers), to develop a social marketing campaign aimed at increasing breastfeeding initiation rates among 'hard pressed' groups in the Preston area.

The primary objective was to increase breastfeeding initiation rates among 16 to 24 year-old white mothers living in populations designated as 'hard-pressed' according to Acorn geodemographic classifications. A secondary audience of influencers (partners, peers and parents) was also highlighted as an important target group.

## Description

Calling on a number of theoretical frameworks, the current project sought to increase initiation rates by tackling the complex socio-cultural framework surrounding the decision to breastfeed.

A robust partnership model was employed throughout commissioning, development and implementation of the campaign. A combination of three key private, public and third sector organisations, supported by an extensive support network, allowed the project team managed to deepen insights, maximise engagement and establish a highly effective feedback loop.

The resultant campaign sought to achieve its objectives by:

1. Developing a fully integrated communications campaign to reposition breastfeeding in the minds of the primary audience: to reconstruct the concept of breastfeeding as an expression of individuality or statement of strength – an act that is fashionable, glamorous and 'cool'.
2. Mobilising real world interventions, via breastfeeding support networks, to authenticate this new conception of breastfeeding, gain buy-in and stimulate peer-to-peer transmission.
3. Establishing an online community surrounding the new concept to further stimulate peer-to-peer transmission and provide genuine, robust and highly accessible peer-to-peer framework.
4. Incorporating members of the primary target audience as figure heads of the campaign to establish affinity and boost authenticity.
5. Incorporating pro-breastfeeding parent, partner and peer 'points of view' into the communications to further legitimise the core message in the minds of the primary audience and encourage more positive attitudes among this key secondary 'influencer' audience.
6. Subtly leveraging the cult of celebrity to trigger engagement and establish affinity with the audience.

## Evaluation

Whilst a full NSMC evaluation is currently in the pipeline, interim results at the time of writing can be summarised as follows:

### Breastfeeding initiation rates

Preston, Lancashire:

- Increase among primary audience from 52 per cent prior to launch to 63.64 per cent and 63.03 per cent respectively in the two months following launch.
- Increase among all women in the locality saw an increase of 5.5 per cent from 66 per cent to 71.5 per cent, suggesting a positive halo effect surrounding the main audience segment.

Bolton, Greater Manchester:

- Increase among primary audience from 65.1 per cent prior to launch to 79 per cent, 75.9 and 82 per cent respectively in the three months following launch.

### Proxy measures:

- Three 'stars' (members of the primary target audience featured in campaign) became peer-to-peer supporters within six months of involvement.
- Overwhelmingly positive feedback via the blog ([www.beastar.org.uk](http://www.beastar.org.uk)) for the inspirational nature of the campaign and the effectiveness of the peer support provision.

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- 10,000 hits to the 'Be A Star' website and blog in the first six weeks of launch.
- Extensive media coverage, regionally, nationally and internationally
- Wide ranging stakeholder buy-in.
- Take up of campaign from eight more PCTs with numerous more interested and awaiting budgetary sign off.
- Use of the campaign as case study examples of best practice.
- Speaking engagements at international conferences.

**Tuesday 30 September – 12.00**

*Breakout session sponsored by*

## **Civic – Osborne Room**

### **RISKY BUSINESS**

## **How social marketing will help change England's drinking culture and support those most at risk**

**Author: Nick Tancock, Department of Health, D Beadle, COI**

*Co-author: David Beadle, Central Office of Information*

### **Background & Objectives**

Alcohol-related chronic illness costs England's health service at least £1.7 billion per year. May 2008 saw the launch of the most ambitious social marketing strategy yet undertaken by England's Department of Health. It aims to help slow the rise in alcohol-related hospital admissions in England by targeting those drinking at harmful levels.

- Men drinking more than 50 units per week, and women more than 35 units per week.
- Emphasis (50 per cent in first year of target-specific intervention) on C2DE males over 35 years old, who experience greatest health harms.
- 10,000 successfully reduce their drinking below 'higher risk' category in first year as a result of suite of interventions.

### **Description**

In June 2007 the Department of Health, working with the Central Office of Information and National Social Marketing Centre, undertook a scoping study of harmful drinkers. Using ONS, commercial and other data, we began to identify gaps in our knowledge, undertaking subsequent ethnographic research alongside work to understand how the entire drinking population engaged with alcohol, and engagement with industry to broker a voluntary agreement on providing unit information on packaging and at point of sale.

We are asking individuals to make a major lifestyle change in reducing consumption, illustrated by the 'Change Ladder' of the Engage framework. This approach is compatible with models such as Prochaska and AIDA, as well as with newer models such as the Three T's.

The current exchange balance is very poor. We are asking drinkers to reduce a pleasurable activity in order to benefit from a 'lower probability' of longer-term health harms.

Addressing these positive associations with alcohol will require propositions and messages which have clear cut-through for our target audiences. Our focus will be on optimal ways improve this exchange, including 'lower cost' ways to cut down and increasing understanding of risk levels.

In May 2008 we launched:

- A through-the-line campaign aimed at all English drinkers to raise awareness and understanding of alcoholic units and the sensible drinking message.
- A targeted social marketing strategy focusing on high risk drinkers which would feature three key prongs:
  - A direct marketing model to 'acquire' drinkers and undertake Interventions & Brief Advice (IBA) by phone, web, or fulfilment (booklet), which has a proven record of helping people cut down.
  - Persuading the persuaders: a major campaign to explain and promote the strategy, IBAs and the self-help pathways available to the NHS.
  - Re-framing the issue –we needed to change from the old terminology of 'sensible, hazardous and harmful' to one based on risk.

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## Evaluation

We are introducing a range of methodologies to establish a robust and regular stream of data, and will monitor both KPIs within the strategy and the underlying contributory changes affecting behaviour changes.

Year One is about testing as much as delivery, with the intention of developing a Customer Relationship Model if our research indicates this is the best way to go. The wider 'units' campaign provided much of the 'noise' which reinforced our specific targeting, and reflected the complexities of our insight that indicate today's low or increased risk drinker could become tomorrow's high.

## GOJO campaign for the Disability Rights Commission (DRC)

**Author: Athena Lamnisos, Forster**

### Background & Objectives

Primarily to increase confidence levels and number of journeys undertaken by disabled people aged 16 to 25 on public transport.

Secondary objectives included increasing awareness about new rights in discrimination law effecting public transport and directing people to the GOJO website and other materials for information.

### Abstract description

To directly engage young people, a hard-to-reach and consumer-literate audience, we created a youth-focused brand and visual identity for the campaign. The identity was primarily youth-focused, as this audience often do not consider themselves to have a disability. This was critical in shaping the strategy. Research was undertaken with focus groups to develop the campaign identity, messaging and strategy.

### Evaluation

Several measures were undertaken to evaluate the success of the campaign including media evaluation, a website user survey, stakeholder interviews and questionnaire and qualitative and quantitative pre and post campaign research with the target audience.

## Changing communities: improving lives (healthy eating)

**Author: J. Knowles, Improvement Foundation**

**Presenter: David Lyon – Improvement Foundation**

### Background & Objectives

- To widen accessibility and availability of healthier food in areas of food deserts.
- To increase knowledge and skills in relation to healthy eating and cooking.
- To engage communities in finding local solutions.

### Abstract Description

The model focuses on populations of 10,000 in areas of highest deprivation, harnessing the knowledge and experience of local residents to understand the following:

- Gaps in the availability and accessibility of healthy food in their communities.
- How to assess and address the deficit in cooking skills by targeting different age groups.
- Effective and economical means of widening availability and accessibility to fresh, healthier foodstuffs.
- How communities can promote their own solutions to poor availability.
- The most effective means of delivering education and increasing knowledge of the effects of poor diet on health.

### Evaluation

Measures were collected monthly to identify

- Numbers of people undergoing training in cooking and food hygiene.
- Number of new food related initiatives undertaken, divided into short term and permanent fixtures.



## Are you being served? Putting the citizen first!

**Author: James Lennon, CACI**

### Background & Objectives

The move toward partnership working and joint commissioning should be the catalyst for greater customer understanding and an intelligent relationship between the public service and its customers. The challenge is to look within organisations and across partnerships to understand how the customer needs and expects to be served, and how they should effectively engage based upon each customer's circumstances.

### Description

Portsmouth Council & PCT have taken a great leap forward by taking a step back. By not rushing toward social marketing and developing their customer understanding, they have understood each community's unique priorities, and are developing localised interventions.

Having invested in the 'analytical' processes behind one of the UK's foremost market analysis companies, they are equipping each partner with the capability to define and refine their strategies as they learn from the customer experience.

### Evaluation

Whilst many bodies rush to commission social marketing initiatives, far fewer are looking to transform how they meet the needs and expectations of their customers like Portsmouth.

**Tuesday 30 September – 12.00**

## MSSSB Social Marketing Standards – Gloucester Room

### Mapping national social marketing organisations: A comparative analysis

**Author: Carlos Oliveira Santos, University of Lisbon**

#### Background & Objectives

To contribute to a model of national social marketing organisation in order to help policy transfer (Dolowicz and Marsh, 1996, 2000) to other countries.

#### Description

This paper is a comparative analysis of four national social marketing organisations: a Health Canada Social Marketing Division (Canada); Health Sponsorship Council (New Zealand); National Center for Health Marketing (USA); and National Social Marketing Centre (England), selected as national social marketing organisations directly integrated in national strategies of public policies.

#### Evaluation

The articulation of public policies and social marketing enhanced effective policy, strategy developments and social behaviour change programmes in several fields.

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## World-class national occupational standards in social marketing

**Presented by Trevor Boutall, The Management Standards Consultancy Ltd and Chahid Fourali, Chartered Institute of Marketing**

#### Background & Objectives

The Marketing and Sales Standards Setting Body (MSSSB) is the UK national body for setting standards of best practice for the marketing and sales occupational areas. Over the last year or so, MSSSB has been working with relevant stakeholders to develop the very first national standards for social marketing. These standards,

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far from being targeted simply at a UK audience, will benefit all practitioners throughout the world, and will represent a framework that reflect best practice in social marketing both in the UK and abroad.

The standards are the result of in-depth, direct and indirect, consultations about the skills and related knowledge that practitioners in social marketing are expected to have. The standards will be a very useful reference to support the recruitment, training, assessment and reward of professional marketers.

### **Description**

The presentation will explain the procedure and outcomes of this project, and will invite delegates to participate in this very worthwhile initiative that will ultimately benefit the field as a whole.

The workshop will allow participant to explore the standards in depth. It will enable participants to plan how to use them for their own and their colleagues' professional development, and ultimately to maximise the impact of their social marketing initiatives.



# Practical Abstracts

Tuesday 30 September – 14.15

## Environment – Edinburgh Room

### Project Twin Streams – Environmental social marketing in action.

**J. MacDonald, Atlas Social Marketing**

#### Background & Objectives

Project Twin Streams is a nine year, \$39m project aimed at revitalising 56 kilometres of stream banks in Waitakere (a city located in New Zealand's North Island with a population of 200,000). Although the focus is on stream bank restoration the vision of the project is much wider – it aims to build a sustainable catchment and it ties in environmental, economic, social, cultural and spiritual wellbeing.

The project aims to change behaviour in a number of ways; it aims to engage with communities to develop and implement solutions to stream pollution, it aims to get residents together - either at community planting days or as parts of schools, groups or organisations who adopt specific areas to carry out most of the restoration work and it aims to facilitate behaviour change in the areas of rubbish dumping, pollution and personal car use.

#### Description

Rapid urban growth in Auckland has resulted in streams becoming polluted and excess demand on the storm water infrastructure system. This project involves purchasing properties in the flood plain, removing weeds before extensive re-planting with native trees and followed with on-going maintenance.

The project applies a diffusion of innovation theoretical framework. Some of the diffusion of innovation concepts applied include opinion leaders – the council contract key local influencers via local NGOs to manage and implement the project at a local level.

Formative research told us that communities wanted to engage at a local level to implement the project - they did not want the local authority to carry out the work and they wanted to use the project to bring reconnect residents and communities. While residents were keen to learn about the causes of, and solutions to stream degradation they wanted that learning to be fun. Most importantly if they were going to give up their free time to engage with the project they wanted the experience to be enjoyable.

In response to these findings, an intervention (a large-scale community delivered weeding, planting and maintenance project) was developed. The project works with schools, businesses, groups, other organisations and the wider community to deliver the project and put the trees in the ground. Since Project Twin Streams began in 2003, a total of 333,949 trees have been planted and over 13,000 volunteers have actively involved in the project.

The presentation will cover:

- How to develop and sustain effective partnering with NGOs.
- Developing effective community-led solutions – balancing the needs and wants of the community with the expertise and resources of the local authority.
- Putting partnership into practise.
- The role of creativity and design in effective engagement
- Using communication to build and maintain effective teams.
- Capturing the story for future learning
- Changing the world by changing one behaviour with one segment of the audience.
- Managing a changing environment – for stream pollution the challenge of engaging around wider sustainability issues such as car use - the invisible heavy metal pollution from which causes greater damage to the streams than the more visible forms of pollution

#### Evaluation

This unique and innovative project has been recognised as one of the world's best stormwater restoration projects. The project's social marketing approach is providing insight across the managing local authority which is being used to inform and drive policy on issues such as; sustainability targets, working collaboratively with regional and national government agencies, infrastructure development and the funding of environmental restoration projects.



## Greener, Safer, Essential: Using a Social Marketing Framework to Reduce Adverse Perceptions of Road Freight Vehicles in Australia

Susan Dann, Truck Industry Council; James Cook University (Brisbane)

### Background & Objectives

Throughout the world, concerns are regularly raised about the negative impacts of trucks, particularly in built up areas. These concerns tend to focus on two key areas: environmental impact and road safety issues. Many of the negative perceptions of trucks appear to be based on an outdated understanding of the capacity and impact of road freight vehicles. Public policy is often driven by public perception rather than objective data, leading to demands for increasingly restrictive road policies regarding freight vehicles.

To maximise positive road sharing experiences amongst different classes of vehicle and better align consumer perceptions with current trucking regulations, the Truck Industry Council (TIC) commissioned base line public perception research into road freight vehicles.

The paper provides an analysis of the base line research into public perceptions and concerns regarding road freight vehicles along the three key dimensions of environmental impact, safety and economic role. The purpose of the research is to provide objective quantitative data on current consumer beliefs and provide a comparison with facts on contemporary vehicles with the view of identifying gaps in knowledge. This data will form the basis of a public campaign based on social marketing frameworks which aims to narrow the gap between perceptions and reality with respect to modern trucks to ensure effective and relevant public policy responses and improved road sharing experiences.

### Abstract description

The presentation will:

- review existing studies and literature regarding consumer perceptions of heavy road vehicle, and give an overview of current public policy regarding environmental and safety regulations for trucks both in Australia and internationally;
- give an overview of the research study methodology, which is a representative online national survey of 1,000 Australian road users;
- analyse the key findings of the research along each of the three key themes of environmental impact, safety and economic role. The analysis will include comparisons across demographic variables such as age, gender, road experience and geographic location; and
- discuss the gaps between public perceptions and current truck capabilities, highlighting how these will be used as the basis for the TICs advocacy and educational work around improving overall safety conditions for vehicles sharing the road with heavy freight vehicles.

### Evaluation

The intention of the TIC is to re-administer the research instrument on a regular basis, in conjunction with additional survey items regarding awareness of specific messages and campaigns, to track attitudinal changes over time. The regular follow-up surveys will also include questions regarding changes in road users behaviour with respect to road freight vehicles during the same time periods to determine the reach and effectiveness of the public education work being undertaken by the organisation.

## Partnerships Towards Waste Prevention

Author: Paul Vanston, Kent County Council/Kent Waste Partnership

### Background & Objectives

Household waste prevention comprises many pro-environmental behaviours. Experience tells us that with each waste prevention behaviour there are many factors which need addressing simultaneously to facilitate change. Behaviour change interventions need to reflect this complexity by providing a 'package' of measures that seek to address the 'external' and 'internal' barriers. Unlike recycling, waste prevention is considered the realm of the minority. This is because it is a relatively unseen, misunderstood behaviour performed mainly in the privacy of our own home. Creating 'assumptions' as a result of misunderstood behaviours has significant knock-on effects to the creation of public policy, strategies for improvement, and the delivery (and quality and relevance) of public services.

The principal learnings will cover:

- The importance of partnerships and how the behaviour change theme acts as a focus to galvanise their activities.
- The importance of teamwork within organisations to best mobilise and stimulate behaviour change through social marketing.

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- For waste prevention, the necessity to address the wider lifestyle and consumption patterns which generate waste through behaviour change in the wider context of the social and economic system (businesses, communities and public policies).
- The benefits of working in partnership across social policy areas (such as environment and health) and the issues faced in doing this within local authorities and other public services.
- How do you best share experience to enable others to build on what you have learnt?

### Description

This presentation will explore the learning from our recent experience in Kent where household waste prevention theory has been applied in an integrated social marketing and waste prevention framework. The learning will inform other Local Authorities, the social science community and those working in the broad pro-environmental policy and practitioner agenda.

### Evaluation

This pioneering work is part of a wider social marketing approach to help Kent County Council, plus the twelve district/borough/city councils – that together comprise the Kent Waste Partnership (KWP) – to target its resources effectively to achieve reduction in residual waste arisings through waste prevention. This framework is being used to identify and map the different behaviours that are currently being addressed by Kent County Council (the Waste Disposal Authority) and the 12 borough/district/city councils (Waste Collection Authorities).

## Moving Toward Sustainability: Transition Strategies for Social Marketing Programmes

**Author: Gael O’Sullivan, MBA, Abt Associates Inc.**

### Objective

As donor resources shift and priorities change, sustainability has become an important issue for social marketing programmes. Conceptual tools are needed to assist both donors and programme implementers to identify priorities for funding and long-term viability. The Private Sector Partnerships (PSP)-One Project, funded by the US Agency for International Development (USAID), conducted a literature review, interviewed key informants with social marketing expertise, and reviewed country case studies as inputs to writing the paper. While the models and strategies described can be applied to a wide range of issues, the focus of this work is social marketing programmes that address reproductive health and family planning challenges.

This paper offers a practical approach to guide conceptual thinking and sustainable programme design. A new tool is offered called the Sustainability Continuum for Social Marketing to provide suggestions and indicators for measuring progress along the technical, financial, institutional and market components of the Continuum over time.

### Abstract description

The paper provides an overview of the methodology used, defines relevant terminology, introduces the Continuum with its accompanying strategies, highlights key findings, tradeoffs, and directions for the future, and ends with five country case studies from: Ivory Coast, Peru, Romania, Nigeria and Honduras.

The Continuum is intended to guide decisions about four key areas of sustainability for social marketing interventions: technical (product, price, distribution, promotion); financial; institutional; and market. Specific indicators are provided to illustrate what sustainability might look like at the beginning, intermediate and advanced stages of a programme. The structure highlights how programmes evolve over time and points out that progress along the Continuum is fluid. A programme may reach sustainability in one or two areas relatively quickly but not in others. Temporary setbacks can occur in addition to progress.

In addition to the paper a stand-alone Sustainability Checklist was created as a job aid for social marketing managers to gauge their own progress toward sustainable programmes design.

### Evaluation

The paper has been distributed worldwide to hundreds of USAID programme staff, social marketing organisations, and others working in the field. Practical applications of the Continuum to assess its’ utility in the field are currently planned for Afghanistan and Ethiopia.



Tuesday 30 September – 14.15

## Family Planning – Osborne Room

### MSI-Uganda contraceptive social marketing programme

**Primary Author Name: Christine Namayanja & Tracey Brett.**  
**Marie Stopes International, Uganda**

*Co-authors: Katie Tong, Dhaval S. Patel*

#### Background & Objectives

Marie Stopes International Uganda (MSIU) utilises social marketing techniques to insure that Life Guard targets the groups at highest risk of contracting or spreading HIV and other sexually transmitted infections. These priority target groups include truck drivers, commercial sex workers, uniformed services, fishing communities and young women. Life Guard is strategically placed in a range of sales outlets commonly frequented, day or night, by each target group, ensuring that the brand is available when and where it is needed. Fishing communities, for example, are reached via general 'duka' kiosks and through peer educators, whilst married couples – the group with the fastest growing rate of new infections – are reached through pharmacies and other traditional commercial outlets.

- Using social marketing techniques to target groups at highest risk of HIV and other sexually transmitted infections.
- Integrating behaviour change campaigns, that mix information with participatory activities aimed at promoting the correct and consistent use of condoms as part of a comprehensive ABC (Abstinence, Be faithful, use a Condom) approach.

#### Abstract Description

- a presentation on ten years of condom social marketing in Uganda;
- over 144 million condoms sold to date;
- utilising market segmentation strategies to target groups at highest risk of contracting or spreading HIV and STIs including truck drivers, fishing communities and young women;
- use of bold and innovative marketing and BCC strategies to promote long-term and consistent use of condoms in a conservative environment.

#### Evaluation

A KAPB study conducted by the AIDS Control Programme in the MoH found that between 1995 and 1998 condom use increased from 42 per cent to 50.7 per cent, indicating that the Marie Stopes International CSM programme along with other CSM programmes in the country had a discernable impact on condom use and therefore HIV prevention. 36 million condoms were sold during this period.

During Phase II, 64 million condoms were sold – almost double that of the previous phase. The enormous success of Life Guard during this period was due to the positive brand image, and also to the understanding that sales, marketing and BCC are inseparable in reinforcing increased condom use.

An interim period between April 2004 and August 2004 resulted in a further 2,999,520 condoms sold. Phase III started and 44,820,184 condoms were sold in the following three years.

## SOCIAL MARKETING A NATURAL FAMILY PLANNING METHOD: The Case Of Standard Days Methodtm In The Philippines

**Author: Santos Jose O. Dacanay III, University of the Philippines in Baguio**

*Co-Authors: MILAGROS S. RIVERA, INSTITUTE OF REPRODUCTIVE HEALTH, PHILIPPINES COUNTRY OFFICE. CAROLINE BLAIR, APHIA II PROGRAMME, JHPIEGO, AN AFFILIATE OF JOHNS HOPKINS UNIVERSITY*

#### Background & Objectives

At tight fiscal budget, Church opposition and international donor pressure have led the Philippine government to explore various ways of providing family planning services. One approach is the transition from free to

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for-a-fee public health services. This evolution of public to private goods is loosely termed commercialisation or referred to as privatisation. While commercialisation simply implies the launching of a new product or service, privatisation has been defined as encompassing a broad range of policies and mechanisms adopted by governments, usually upon the influence or pressure of international financial institutions and donors, that wish to alter the public-private mix in favour of the latter. This diminishing role of government in public health service provision is a cause for market system proponents that advocate for no or reduced government financing or provision, except of those services that have a 'public good' characteristic. Reproductive health and family planning services are partly considered public goods. Standard Days Method™ (SDMTM) is a modern natural family planning (NFP) method that has been proven, tested and practiced in the Philippines since 2001. Its main characteristic, that of being natural, makes it a public good. Yet, it comes with a tracking tool CycleBeads™ that can be purchased after a standard 20-minute counseling session. This private good characteristic makes SDMTM open to commercialisation options.

The market feasibility study primarily endeavored to ascertain the demand for SDMTM based on the statistics on unmet contraceptive needs, using a targeted marketing approach across geographical areas and socio-demographic characteristics. There are two objectives: 1) to ascertain the potential demand for SDMTM and the target's propensity to adopt a family planning method, and their willingness and ability to pay; and 2) to develop the means to reach the target acceptors that incorporates an exchange process as a requisite to behaviour- and attitude-change strategies. This is a significant contribution to social marketing discourse, as the transaction aspects of social marketing programmes have largely been ignored or neglected.

### Abstract Description

The primary data gathering methodologies substantially proved that there is sizable market for SDMTM. Combined with official statistics, extant literature and other commissioned studies, it was convincingly shown that there is a distinct target market profile that will adopt or stick with the method longest. The target profile of women is as follows: non-family planning users and traditional family planning practitioners, aged 20-39, currently married or in union, with two to four children. Results show that among those surveyed, all who are willing to try are also willing to pay at various prices for SDMTM counseling services and its tracking device CycleBeads™. In terms of residence, the target acceptor can either be in rural or urban area, but geographical introduction of SDMTM should be phased based on two clusters of regions. In terms of marketing mix strategy, SDMTM will be positioned along the three most important attributes of choosing and for shifting to another family planning method. First, SDMTM is effective and reliable. Second, SDMTM is easy to use and convenient. Third, SDMTM is safe and its use does not have side effects. For the price, it is suggested that the price of CycleBeads™ to end-user is between Php 75 to Php 100. Distribution strategy involves the enhancement of existing channels and private-public partnerships as well as building and exploring new networks and collaborations such as individual and institutional community-based distribution channels such (such as cooperatives, commercial outlets, and industry-based clinics, and so on). The promotion and communication strategy is premised on the development of key messages for primary and secondary target market groups, the timing or phasing, and the communication mix or media used.

### Evaluation

The sustained promotion and adoption of SDMTM rests on the principle of expanding informed choice, and a key component of the method is fertility awareness. The low awareness level among women (and couples) on their reproductive cycle needs to be overcome to make SDMTM a mainstream method, and to be widely accepted. The pursuit of social marketing objectives, particularly behavioural and attitudinal change strategies, must be within the umbrella of the overall national family planning programme. SDMTM should be promoted in areas where there is high unmet need, high use of traditional family planning practices, high discontinuation rates. SDMTM's possible commercialisation will not cannibalise the modern (artificial) family planning methods, but rather enlarge the family planning user base as measured by contraceptive prevalence. The paper presents ways of changing predominant attitudes, behaviour and practices such as the notion of free to for-a-fee service; natural family planning as traditional and ineffective to one that is modern and scientific; and female- to couple-focused family planning that have far-ranging health and social services policy implications.

## Engaging Outlet Owners in Improving Visibility of Condoms

**Presenting Author: Gaurav Jain, Population Services International**

### Objective

With funding from the Bill & Melinda Gates Foundation's Avahan Initiative, Population Services International (PSI) is implementing a programme in four southern Indian states, including Tamil Nadu. PSI aims to increase condom availability in identified hot spots (place of sex or solicitation), which, combined with behaviour change communication, should increase the use of condoms among male clients of female sex workers. After three years of condom distribution in Tamil Nadu, PSI faced two challenges: adding new outlets and

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encouraging existing outlets to stock condoms in highly visible locations.

Making condoms more visible clearly indicates to passers. The programme aimed to engage outlet owners to improve the visibility of condoms in hot spots.

### **Abstract Description**

PSI implemented a contest in 13 districts of Tamil Nadu. The contest offered four prize categories for the most innovative condom displays.

In this contest the first, second, third and consolation prizes were awarded to outlet owners based on their creativity in making condoms visible at their outlets. This contest ran from October to December 2006. Outlet owners displayed condoms at the most prominent place in their outlet. PSI's sales agents assisted in identifying places that were visible to both customers and casual passers-by. PSI's sales force supplemented the outlet owners' efforts by decorating the outlets with creative point-of-purchase material.

### **Evaluation**

PSI enrolled 1,115 outlets into the contest. Of these, 40 per cent were traditional outlets and 60 per cent were non-traditional outlets. The retail sales of PSI-promoted condoms as well as other condoms went up. The number of outlets selling condoms increased by 19 per cent. Condom sales by PSI to retailers increased by 27 per cent. During the activity period, PSI sales agents opened 296 outlets which had not previously stocked condoms.

The key to the success of this initiative was offering incentives to outlet owner, thereby encouraging them to make condoms visible at their outlets. Lessons learned include identifying retail outlets prior to implementation to take their consent for participation in the contest; picking outlets which are geographically prominent and frequented by clients; and regularly monitoring retail outlets during activity period for any assistance.



Tuesday 30 September – 14.15

## Cancer – Gloucester Room

### 'Let's talk about Smear Tests' Social marketing for the New Zealand Cervical Screening Programme

**Author: Graham Bethune, National Screening Unit, NZ Ministry of Health Social Marketing Programme**

#### Background & Objectives

Since the establishment of the National Cervical Screening Programme (NCSP) in 1990, between 60 and 70 women still die from cervical cancer each year, and there are considerable health inequalities. Incidence among Maori and Pacific women is twice the rate and mortality is three to four times the rate of all women. The primary reason for the disparities is lower rates of screening coverage by Maori and Pacific (47 per cent and 46 per cent), compared to other women (80 per cent).

The overall objectives for the social marketing programme were to:

1. Increase awareness, understanding and discussion of cervical screening, particularly with Maori and Pacific women
2. Increase the number of calls to the 0800 number
3. Increase screening coverage, particularly with Maori and Pacific women.

#### Description

Research was undertaken to develop insights into the attitudes and understanding of cervical screening and cervical cancer, among Maori and Pacific women. It identified high levels of misunderstanding, embarrassment, lack of awareness and discussion, all of which reduced the likelihood of women participating in screening.

The research was used to inform the development of an advertising campaign that focused primarily on Maori and Pacific women. The campaign was launched in September 2007.

The campaign formed part of a broader programme that included stakeholder relations, media relations, workforce development, research and monitoring, resource development, 0800 number 'fulfilment' and other initiatives, all designed to support the overall objectives for the social marketing programme.

The programme focused almost exclusively on Maori and Pacific women, as those with the greatest health inequalities. This decision was reflected across all areas of work. The approach taken could provide valuable insights into the development of social marketing programmes that focus on indigenous peoples and other groups that experience significant health inequalities.

The social marketing programme is a multi-year initiative to improve screening coverage and reduce the incidence and mortality from cervical cancer in New Zealand, particularly among Maori and Pacific women

#### Evaluation

The programme has an evaluation framework in place that will identify results achieved in the first 12 months, by providing:

1. A comparison of the results from a benchmark survey conducted prior to the launch of the campaign, with those from 6 and 12 month monitor surveys
2. Calls to the Programme's 0800 number
3. The impact of the campaign on screening coverage.

The results after six months indicate that the campaign is working:

1. Increased awareness of cervical screening, that cervical cancer can be prevented and how. Increased discussion among the priority audiences and their stated likelihood of going for screening
2. Calls to the 0800 number increased by 17 per cent across the first six months
3. The impact on screening coverage has been significant, with more than 20,000 new enrolments and increased coverage across all groups of women.



# Stand Up For Your Life: The Alberta Cancer Board Prevention Social Marketing Strategy

**Primary Author: Kendra Desmarais\*, BBA, Social Marketing Specialist, Alberta Cancer Board**

*\*Note: Kendra Desmarais is away on leave from October 2008-2009. Jennifer Dooley will be the primary contact for her during that time.*

*Secondary Author(s): Jennifer Dooley, MSc., Alberta Cancer Board (presenter)*

*Ellen Murphy, BSc., Alberta Cancer Board*

*Nancy Rose, BJH, Alberta Cancer Board*

*Monica Schwann, MCS., Alberta Cancer Board*

## Background & Objectives

The Alberta Cancer Board (ACB) operates cancer facilities and programmes in Alberta. The ACB is dedicated to reducing cancer cases and deaths through prevention activities, including social marketing. Cancer, linked to chronic diseases, is the leading cause of premature death for Canadians and Albertans, including Albertans in the most productive age group of 35 to 64 years (ACB, 2006). Approximately half of Albertans will develop cancer and a quarter will die of it. Moreover, new cancer cases are expected to increase in Alberta. It's believed that more than 50 per cent of cancers can be prevented or identified early enough to be successfully treated (ACB, 2006).

Stand Up For Your Life will persuade, motivate and create action towards cancer prevention. The primary target is lower-middle class; skewed male; college educated; 35 to 45 years; household income \$20,000 to \$60,000 (semi-professional/physical jobs) who are Contemplating/Preparing (Prochaska & DiClemente, 1983) for healthy living. Primary cancer prevention behaviours are in tobacco cessation; nutrition; physical activity; weight management; and sun safety areas. The secondary target is the general public; government; healthcare stakeholders; employers; and the media, with secondary behaviours of programme participation and partnering. The long-term target is Alberta's most-in-need.

## Abstract Description

'Stand Up For Your Life' is a social marketing campaign geared towards adult Albertans. By normalising cancer prevention values and behaviours, the campaign catalyses the public towards the ACB 2025 year goals, to reduce projected cancer incidence in Alberta by 35 per cent; projected cancer mortality rate in Alberta by 50 per cent; and the suffering of Albertans living with cancer.

## Evaluation

The campaign impact evaluation will include quarterly tracking of all points of contact (such as web hits; phone calls; requests for materials/presence; number of events; one-to-one contact at events; partnerships; and leveraging of media spend). A yearly healthy living survey will examine cancer prevention attitudes, beliefs, knowledge and behaviours.

Anticipated results are uptake of the underlying attitudes, beliefs and knowledge that guide Albertans' choices for living healthy that may lead to cancer prevention behaviours.

## A social marketing approach to smoking in pregnancy

**Author: Deborah Richardson, Stoke-on-Trent PCT**

*Secondary Author & presenter: H Harrison, Stoke-on-Trent PCT*

## Background & Objectives

The objective of the project is to expand our understanding of the needs of pregnant smokers and identify any barriers to accessing existing services. The overall intended outcome of the social marketing project is to reduce smoking in pregnancy rates across the City of Stoke on Trent, initially targeting two priority neighbourhoods.

The specific objectives are:

- to explore what it is like to be a pregnant smoker in Stoke on Trent;
- to identify the factors that influence the behaviour of pregnant smokers;
- to increase the recruitment of pregnant smokers to the stop smoking service;
- to review and redesign the Quit for a New Life Stop Smoking Service in the light of findings and develop an intervention that fits the needs of the client group; and
- to inform promotional campaigns to increase awareness of the service.

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## Abstract Description

This project is one of the ten demonstration sites of the National Social Marketing Centre and the presentation will demonstrate how the Smoking in Pregnancy Programmes have applied a social marketing approach to bring about a step change in service delivery and intervention planning.

Our work on the Infant Mortality Floor Target Action Plan confirmed smoking during pregnancy as a key influence on infant mortality in Stoke on Trent. The number of women who smoke during pregnancy is higher here than in many other parts of the country. Whilst making good progress, we felt that the existing cessation service 'Quit for a New Life' was not achieving the results we were hoping for. We could identify some of the reasons for this, but we felt that we did not have a clear understanding of why women were not engaging with the service and when they did, the quit rate was not as high as we would have expected.

Social marketing isn't a quick fix – it requires time to fully engage in the process and to involve the end user as much as possible. The focus groups conducted during the early scoping work were critical to informing our understanding of our target audience. We now know the needs of the women and have a better understanding of the barriers they are facing.

There was a lack of awareness about the existing service amongst both professionals and potential clients – what it was, who could use it, and how. We also identified a demand for group support sessions, in addition to the one-to-one home visit support that we were already offering.

We are now using the findings of the focus groups to design and test the intervention. We are dovetailing interventions aimed at the women with a series of training sessions for professionals who refer to and deliver our services. We are especially looking at making the referral paths clearer and better resourced. Pilot training sessions have now been run, and results are already being seen.

We have developed a new publicity campaign and are piloting a new concept in group sessions based on ideas suggested by the women themselves. We pre-tested these ideas and launched a pilot intervention based on informal group support on 14 February 2008. This is in addition to the core service which offers one to one support in a client's own home.

## Evaluation

The intervention will be evaluated against the benchmark criteria and project objectives. This work will be complete in September 08.

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## Setting the Hamsters Free - Towards a new model of community-led social marketing. North East Lincolnshire's Earlier Presentation of Cancer Symptoms Programme

**Author: Adrian Smith BA Psychology (Hons), Unique Improvements**

*Co-author: Julie Grimmer, North East Lincolnshire Care Trust Plus*

### Background & Objectives

- Contribute to a reduction in cancer mortality rates
- Support communities & agencies to work together for common goals
- Increase earlier presentation of cancer symptoms (Bowel, Prostate and Gynaecological)
- Influencing a range of behavioural goals, including:
  - increase rates of screening (Bowel and Cervical)
  - increase rates of volunteering
  - increase numbers referred through 2 week wait pathways
  - increase social capital across communities.

### Abstract description

The Early Presentation of Cancer Symptoms Programme is a community-led social marketing approach to tackle health inequalities across priority neighbourhoods. A blend of social marketing, community involvement and rapid improvement science methodologies are used to motivate community action.

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The approach involves not just a strong focus on insight and consultation, but a move towards a model where consumers are in charge of the process of generating solutions. Key features involve:

- developing shared ownership and a move from service instigated change;
- enabling communities 'to do' by developing skills and confidence and the conditions to 'try out'; and
- placing a value on tacit knowledge (as well as explicit knowledge) and investing in human capital and lateral communication to support it.

Implicit and explicit reward mechanisms engage local people in community teams. Learning workshops bring them together with services to facilitate the sharing of best practice and rapid planning using local knowledge and experiences. A range of creative interventions have been developed across service and community networks to support a move from awareness to action covering earlier presentation and screening behaviours.

We have constructed an approach to translate social marketing methodology into an easy-to-use framework designed to maximise successful transfer of theory into practice. Activity at a micro and macro level is considered and learning is spread through local systems and organisations.

## Evaluation

A range of monthly measures are compared against baseline data to assess impact. (Over 14 months)

1. Evidence of earlier presentation at General Practice (measured by case studies)
2. Increases in referrals measured by 2 Week Wait referral data
  - Bowel Cancer – 30 per cent increase
  - Gynae Cancer – 13.7 per cent increase
3. Analysis from pre/post questionnaire tool:
  - 15 per cent increase in people feeling confident in identifying early symptoms of cancer
  - 11 per cent increase in reported willingness to act on symptoms
  - 8 per cent increase in people reporting they think they can help with changing attitudes and improving things in the area in which they live
4. Increases in range of community measures:
  - 7,770 significant contacts at community events
  - 179 training opportunities
  - 49 media exposures
  - 402 distribution points



Tuesday 30 September – 14.15

## Civic – Surrey

### Family violence: It's not OK

**Primary author: Tracey Bridges, Senate Communications (New Zealand)**

*Co-authors: Gael Surgenor, Ministry of Social Development. Nick Farland, Families Commission (New Zealand)*

#### Background & Objectives

Half of all murders in New Zealand are family violence related: On average, 14 women, six men and ten children are killed each year.

The Campaign for Action on Family Violence is connecting with all New Zealanders to contribute to an environment where family violence is not tolerated, and people know how to help stop it.

The Campaign for Action on Family Violence aims to change the way New Zealanders think and act about family violence.

#### Abstract

The campaign was launched in September 2007. It combines national mass media advertising, a telephone helpline and website, printed resources, funding for community-led projects, national partnerships, and relationships with organisations such as Rotary, local councils and churches. Through ground-breaking media advocacy, it also addresses how media report family violence.

It engages communities in adding their experiences, connections, perspectives and energy to create widespread social change.

#### Theoretical and analytical basis

Campaign planning took into account why previous campaigns fell short. This highlighted the need for multiple layers, rather than a blanket audience approach. It also showed we needed to integrate the campaign with wider family violence prevention work already underway, to increase the combined impact. A literature review and key informant interviews further informed the theoretical basis, and shaped a hypothesis of where and how the campaign should begin.

#### Audience understanding

Insights gained from research with perpetrators and victims of family violence turned our hypothesis on its head. We learnt that there was no shared understanding of what family violence constituted. Before we could start to influence behaviour, we needed to define what was – and wasn't – appropriate behaviour. The result was an advertising campaign using a mixture of celebrities and everyday people talking about what's not OK, such as 'It's not ok to blame the drink'; 'it's not ok to look the other way'.

#### Showing the light side as well as the dark

The strap line was always accompanied with its flipside, 'It is OK to ask for help'. All communications carried the dual message, which explicitly encouraged and affirmed perpetrators for changing their behaviour.

#### Evaluation

After seven months the campaign has contributed to an increased reporting of family violence and improved media reporting of family violence. The message that family violence is 'not OK' is infiltrating popular culture.

A 'reach and retention' survey two months after launch showed 87 per cent of randomly selected adults remembered the campaign message. Of those, 58 per cent said they had discussed the campaign with someone. One in five reported taking some action.

Partner statistics show that more people are seeking help for family violence. Our own statistics show our resources are being used. Our collaborative approach means that our messages are everywhere, from the back of buses to rugby club changing rooms.

The campaign message was included in a Christmas pantomime, with the audience telling violent characters in no uncertain terms – 'It's not OK!'



## Changing the way the media reports family violence

Stephanie Edmond, NZ Ministry of Social Development

### Background & Objectives

The project uses a mixed methods approach targeting different segments of the community who influence the media coverage of family violence: community agencies, reporters, students, media management, media commentators and government sectors.

The Media Advocacy Project is one strand of the New Zealand Government's social marketing Campaign for Action on Family Violence. The need for media advocacy grew out of concern that news reporting of family violence did not accurately reflect its seriousness and prevalence in New Zealand and did not report family violence incidents in the context of a serious social problem.

The project aims to enlist the media as an ally in achieving the campaign's goal to encourage social intolerance to family violence in a way that is mutually beneficial to all audiences. The news media is obtaining better stories, readers and viewers are more informed and the knowledge and experience held in the family violence sector is being heard in the public arena.

### Abstract Description

The presentation will describe the four strands of the Media Advocacy Project:

- media training for community agencies which gives local family violence experts the confidence and skills to engage with the media in their community;
- seminars for journalism students, providing them with a basic understanding of family violence and guidelines for accurate reporting;
- education and training for media industry personnel including engaging with media industry management and reporters, and running seminars; and
- developing allies within the media and in other sectors involved in preventing family violence, such as police.

We will also present printed resources we have produced for each audience.

We will show that our methods mix, primarily informing/encouraging and servicing/supporting, has influenced the way the media is reporting family violence.

### Evaluation

We will present the results of a media audit of four three month samples, historical and current, which shows that our approach is having an impact on the quantity and quality of news stories about family violence. Results concur with similar studies overseas.

## Social Marketing Pedagogy as Health Communication Activism: Engaging Motorcycle Safety in a University Community

Author: Marifran Mattson, Ph.D. , Purdue University

*Co-authors: Carin Kosmoski, MS, PhD Candidate; Induk Kim, PhD Candidate; Katie Wiesner, MS, PhD Student; Pamela Morris, PhD Student; and Kinnari Sejal, Master's Student, Purdue University*

### Background & Objectives

After their professor was seriously injured in a motorcycle crash, an attentive group of graduate students suspected that a campaign to address traffic safety programmes to protect motorcyclists may be warranted. Upon assessing the need, the Motorcycle Safety at Purdue (MS@P) campaign was designed and implemented through a unique graduate course sequence.

In addition to the goals of raising awareness about the risk of motorcycle crashes and changing safe driving behaviors in the Purdue University community, the MS@P campaign has become an important pedagogical tool for engaging students not only in health campaign theory and practice but also communication activism.

### Abstract

Purdue University is situated in a mid-sized, middle-class town in the Midwest region of the United States. Over fifty per cent of the population is between the ages of 18 and 24, with another 10.4 per cent under the age of 18, and there are 137 males to every 100 females (N/A, 2007). Because motorcycle crashes

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are highest among young males (CDC, 2008) and are particularly high in this geographic area (83 reported motorcycle crashes in 2006; Baldwin, 2007), this community provides an excellent opportunity to address the safety needs of a high-risk group through a social marketing approach.

A theoretically-grounded, multi-methodological, and multi-pedagogical approach is emphasised in the design, implementation, and evaluation of MS@P. The campaign is based in an extension of the social marketing framework referred to as the Messaging Model for Health Communication Campaigns (MMHCC; Basu & Mattson, 2006; Mattson & Basu, under review; Kosmoski, Mattson, & Hall, 2007). The MMHCC extends the social marketing framework by enhancing relevant messaging components during the health communication campaign process. The ongoing campaign utilises research methods consistent with the campaign phases of needs assessment; audience segmentation (for example, motorcycle riders, friends and family of riders, and drivers of cars and trucks); and message design and testing, and evaluation.

The MS@P campaign employs a variety of messages to reach the three target audiences to encourage motorcycle safety. Some examples include: a message targeting drivers of cars and trucks reminding them to 'Watch for Motorcycles Everywhere', with a caution sign emblazoned with a motorcycle rider; a message targeting motorcycle riders to motivate them to wear proper safety gear while riding by comparing motorcycle safety gear with football safety gear; and a message targeting all who share the road remind them that 'Motorcycle Safety is Where Awareness and Respect Intersect'.

Perhaps the most unique aspect of the Motorcycle Safety at Purdue campaign is its roots in pedagogy. This campaign was developed and implemented during a two-course graduate sequence on campaign design and implementation and campaign message evaluation. Students learn not only through textbooks and lectures, but also through a real-time campaign activism experience.

## Evaluation

MS@P utilises evaluation methods consistent with the campaign phases of needs assessment, message design and testing, and evaluation. Prior to solidifying the focus of the campaign, a needs assessment including a literature review and focus groups with motorcycle riders was conducted. These focus groups probed riders about their beliefs concerning various safety behaviours such as wearing a helmet and other gear; safe riding practices; and their opinions about the necessity of a safety campaign. Subsequently, several focus groups were conducted during formative research of the message design and testing phase to provide feedback on draft messages and promotional items and also to elicit ideas on campaign implementation. Outcome evaluation is being conducted through a yearly pre-test/post-test survey methodology to assess changes in the target audiences' knowledge, attitudes, and behaviours relative to motorcycle safety.

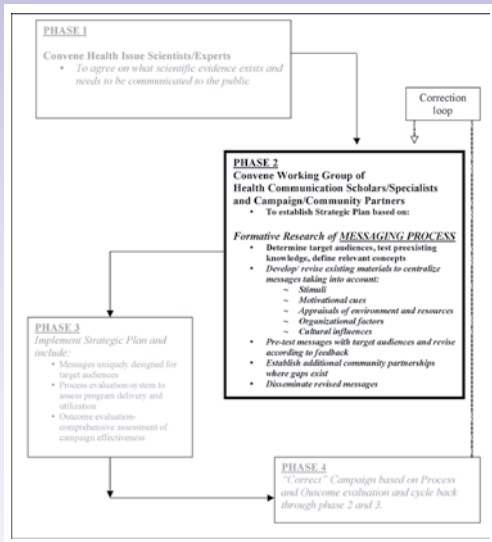
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Figure 1. Messaging Model for Health Communication Campaigns

Figure 3. "Gear Up Purdue!"<sup>®</sup> MessageFigure 2. "Watch for Motorcycles Everywhere"<sup>®</sup> MessageFigure 4. "Motorcycle Safety is Where Awareness and Respect Intersect"<sup>®</sup> Message

## 'Homecomings'

**Author: Bernie Dean, on behalf of Steve Gosbell, Worksafe Victoria**

*Other Authors: B Bus (Swinburne) Graham Etherington - Business Director – Shannon's Way Social Marketing Communications - B Econ (Monash) Grad Dip Admin (Uni of Canberra)*

### Background & Objectives

In 2006, WorkSafe Victoria in Australia embarked on a bold social marketing campaign to elevate the importance of Occupational Health and Safety (OHS) in the minds of all Victorians.

WorkSafe undertakes a range of marketing activities to educate employers and employees on OHS best practice and implements strategies to enforce OHS laws.

The aim of this campaign was to provide a platform, the 'moral justification', to support tactical marketing activities and WorkSafe's enforcement activity.

### Target audiences

Primary: Employers

Secondary: Employees; unions; employer representatives; the broader Victorian community and the staff at WorkSafe.

### Abstract description

Understanding the audience

An intensive review of Australians' attitudes to their lives and work was facilitated through researcher Ipsos Mackay's 'Mind and Mood Study 2005', and an internal workshop.

Extensive qualitative research of employers, employees, OHS Representatives and OHS Managers (employees specialising in OHS) was undertaken to gauge their attitudes towards OHS.



A range of propositions were tested, but the one that resonated most was:  
 'When an accident happens at work it affects everyone – family, friends and workmates'  
 This out-take informed the whole campaign.

### Campaign components

The campaign consisted of television, radio, press and outdoor supported by public relations.

This was augmented by an extensive direct mail campaign to all 200,000 Victorian employers - a traditional 'point of sale' campaign to build on the mainstream activity.

A tailored campaign to employers and workers from culturally and linguistically diverse audiences was also developed.

### Evaluation

Key research findings

- 93 per cent of employers and 85 per cent of employees were aware of the campaign.
- The main message take-out registered with close to 85 per cent of employers and employees.
- The campaign was considered quite or very effective by 84 per cent of employers and 86 per cent of employees.
- 56 per cent of employers acknowledged receipt of the direct mail pack.
- Around 75 per cent of those with the mail pack read the pack, the majority reading most or all of it.
- 38 per cent of recipients put up the workplace posters.
- 24 per cent of employers and 18 per cent of employees said they had personally taken action as a result of the campaign. In a low interest category such as OHS this is a very strong result.

Senior Research Consultant David Adams of Sweeney Research observed of the employer response to the campaign:

'To have almost one in five workplaces actively responding to a communications campaign which does not have an overt call to action is testimony to the deeply emotive level at which the campaign has effectively communicated to its key target audience.'

The campaign was awarded the prestigious Australian Marketing Institute (AMI) Social Marketing and Overall Marketing Program of the Year 2007.

**Tuesday 30 September – 14.15**

*Breakout room sponsored by*

## Health – Ambassador Room

### Full Market Impact™

## The Evolution of Social Marketing to Achieve Sustainable Health Impact

**R Ramlow, Academy for Educational Development**

### Background & Objectives

The Academy for Educational Development (AED) has developed an evolved social marketing approach to achieve 'total market' development for essential healthcare products and services, coupled with sustainable public health impact. We call it Full Market Impact™. This public-private partnership model represents an alternative to the 'traditional social marketing' approach, still widely practiced since it was first introduced over 30 years ago. Traditional social marketing features a non-profit 'social marketing organisation' aggressively marketing highly subsidised 'own brand' products. While the traditional social marketing approach has demonstrated public health impact, critics assert this approach squeezes out the commercial sector and is unsustainable without donor support.

This paper will demonstrate the efficacy of the Full Market Impact approach to achieve sustainable health impact.

### Abstract Description

AED's Full Market Impact™ (FMI) model provides the framework for its public-private partnerships in health and its private sector health programmes. The FMI approach engages multiple partners from the private

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commercial sector, NGOs, and the public sector in a comprehensive effort that aims to increase the practice of healthy behaviours, and generate and fulfil demand for an affordable and accessible range of 'public health' products and services. FMI addresses the four P's of marketing, (product/supply, price/affordability, place/distribution, and promotion/demand and appropriate use), and has three expected outcomes – equity; commercial viability; and sustainable public health impact.

## Evaluation

AED is implementing the FMI model in various USAID private sector health projects, including the NetMark project and the Nepal Social Marketing and Franchise (N-MARC) Project.

NetMark is creating commercially sustainable markets for insecticide treated nets in Africa through partnerships with eight international suppliers and 32 African product distributors in eight countries. NetMark uses a variety of innovative strategies (such as matching funds for brand promotion; seed funds to help local distributors increase stock for rural areas; coordination of generic and brand advertising, and so on) that initially use donor funds to lower the risk of introducing new products; build consumer demand; and expand distribution into rural areas. For those who cannot afford a commercial insecticide treated net (ITN), NetMark has pioneered discount voucher programmes that have achieved average redemption rates of 76 per cent. Joint investment with net manufacturers and distributors has resulted in over \$55 million private investment. Ownership of ITNs has increased from an average of 4 per cent to 26 per cent since 2002.

In Nepal, N-MARC is forming local public-private partnerships that are expanding the reach of a wide range of public health products and services. N-MARC recently achieved a key milestone by establishing strategic partnerships with three local commercial condom distributors. Using project matching funds, these distributors are working to increase the availability and visibility of their multiple condom brands in so-called 'hot zones' to reach most-at-risk populations, which include sex workers; transport workers; migrant workers (and their wives); men-who-have-sex-with-men (MSM); and members of the unformed services, in support of the National HIV/AIDS Strategy. These companies each committed to invest \$50,000 towards this 'shared risk, shared reward' (50-50) initiative. Market results are promising thus far. Total condom market share for the commercial sector stands at 21 per cent as of December 2007, up from 17 per cent in July 2007, putting Nepal on a pathway to achieve condom market sustainability in the long-term fight against HIV/AIDS.

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## Creating A 'Symphony Of Encouragement' To Motivate Americans to Take Steps to Personally Prepare for a Possible Influenza Pandemic

**Primary Author: Linda Weinberg, R.D., Ogilvy Public Relations Worldwide**

*Co-authors: Margaret Bartow; Michael W. Cover; Stephanie Marshall, Anna Zawislanski, MPH*

### Background & Objectives

As part of preparing the nation for pandemic influenza, the U.S. Department of Health and Human Services (HHS) launched a preparedness campaign to encourage Americans to prepare now for an influenza pandemic. To inform the strategy, we conducted exploratory, message testing, and environmental scan research. The campaign was launched in June 2007, setting the stage for successful partnership development and other campaign activities.

1. Convince influencers to accept the challenge of encouraging those they influence to be prepared;
2. provide influencers with tools and resources for communicating pandemic preparedness messages to their constituents; and
3. convince individuals to prepare by creating a 'symphony of encouragement' from employers, faith-based leaders, health care providers and community group leaders.

### Description

Changing public attitudes and behaviours towards preparing for public health emergencies requires leadership from people who are trusted, respected, and who influence opinions of others in their communities. The 'Take The Lead: Working Together to Prepare Now' campaign was developed to leverage the unique spheres of influence that local influencers have on the people with whom they interact. Primary research revealed that influencers were more willing to participate if their national organisations encouraged them to do so, and modeled the commitment. Thus, we convened 70 national sector leaders in a leadership forum to engage them in the campaign. We also moderated a five-week blog summit to stimulate discussions about the role that sector leaders could play in pandemic preparedness. Participants from 76 countries and 6 continents participated.

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Since the launch, we have forged more than 75 partnerships with key organisations and developed an online toolkit to support pandemic communications at the local level. A trade media advertising campaign, featuring national sector leaders, was launched in December 2007 and we are currently working with nine model communities—collaboratories—across the US to launch pandemic preparedness activities.

At the completion of this session, participants will:

1. Understand how research informed the development of an engagement strategy to encourage key influencers to convince others to prepare for a pandemic.
2. Learn about the opportunities to extend the value of social marketing campaigns by combining traditional communications with digital and social media.

### Evaluation

The campaign is ongoing and will be evaluated under a separate contract.

## Social Marketing at the National Institute for Occupational Safety and Health

Virginia Sublet, PhD, National Institute for Occupational Safety and Health

### Background & Objectives

Social Marketing has recently become highly important at the National Institute for Occupational Safety and Health (NIOSH), a federal occupational safe and health research agency and part of CDC in the U.S., because of the importance of behaviour change to protect workers. This presentation will focus on a campaign to increase the knowledge and behaviour change of owners, managers, and health professionals about exposure to butter flavorings in the microwave popcorn industry associated with bronchiolitis obliterans (BO) an irreversible lung disease. BO must be treated through lung transplant. There are approximately 150,000 workers exposed to butter flavorings in microwave popcorn, artificial flavorings in the flavoring industries, and food production who potentially face the risk of lung disease. As a result, NIOSH has a strong interest in conducting a campaign to increase knowledge and behaviour change to protect workers from this exposure.

1. Increase knowledge of the potential danger of BO associated with exposure to butter flavorings.
2. Change behaviour of target audiences to implement better reporting and changes in workplace engineering controls and equipment.
3. Evaluate the campaign effectiveness.

### Abstract Description

After initial investigations the target groups determined to have the most impact on protecting workers were: (1) health professionals who routinely examine patients; and (2) owners and managers, the decision makers who determine the kind of worker protection provided in plants. A situation analysis was conducted to learn about what products had been developed addressing butter flavoring exposures and lung disease. A SWOT analysis was also conducted. Little was found that addressed this workplace health issue. The Stages of Change (SOC) Model (Prochaska and DiClemente, 1986) which is concerned with the different stages an individual may progress through to make a behaviour change.

Phase I- health professionals (hps).

Formative research was conducted at several national hp annual meetings. Data from this research addressed the knowledge of these hps about butter flavouring chemicals and lung disease, the attitudes, barriers they face in practice, where they get their information, what formats and channels were preferred, and what benefits and incentives would be helpful. The results indicated that health professionals are too busy to read any long materials. To motivate hps to increase their knowledge and make changes in how they assess patients products including a brochure, website, brief articles in professional journals and a flavourings exhibit are being developed for testing with the target group. The Promotion plan has been completed.

Phase II – owners and managers currently.

Meetings are scheduled to learn about the needs, barriers, benefits, and communication formats and channels that would be most effective.

### Evaluation

The campaign will be evaluated for both target groups using process and impact/outcome indicators of materials distributed; website hits; response to articles for health professionals; changes in workplace equipment and controls; physician reports of suspected lung disease; and the decrease in the number of cases of BO.



# From Awareness to Action: Using a Behaviour Change Framework and the Marketing Mix to Increase HIV Testing Among African American Women

**Primary Author: Jami Frazee, PhD, Centers for Disease Control and Prevention**

*Co-authors: Ayanna Robinson, MPP. Melissa Kraus Taylor, MA. Nancy Lee, MBA. Jennie Johnston. Laura McElroy*

## Background & Objectives

HIV/AIDS has taken a pronounced and continuing toll on African Americans, particularly African American women. CDC piloted the Take Charge. Take the Test. (TCTT) campaign in Cleveland, Ohio and Philadelphia from October 2006 to 2007.

CDC used a social marketing approach to develop a campaign to increase HIV testing among single, at-risk African American women, ages 18-34.

## Abstract Description

Extensive audience research indicated that, when compared to other daily concerns, HIV and the need to get tested for HIV was not a top priority for the target audience. Additionally, many women did not believe that effective, affordable treatment was available to them if they became infected with HIV. Realising that more than a health communication campaign was needed, CDC developed a social marketing campaign employing the full marketing mix to increase HIV testing among the target market.

As a result of audience research, it was confirmed that cultural norms would be key to influencing desired testing behaviours. This would be achieved through peers, local organisations, perceived leaders, and the community. In addition, perceived risk emerged as the most important motivating theme for influencing the target audience to consider having an HIV test. Based on these results, campaign planners selected constructs from behavioural theories including the ecological framework, theory of planned behaviour, and the health belief model.

After establishing the campaign's theoretical foundation, campaign planners used the four Ps to guide development of strategies and tactics. The use of the four Ps resulted in a multi-pronged marketing/behavioural approach that yielded strong results in both cities.

- **Product:** With the target audience in mind, campaign planners developed the product platform first, considering the three aspects of the product – HIV testing (core product, actual product, and augmented product) (Kotler, Roberto, & Lee, 2002).
- **Price:** Perceived costs included stigma of living with the virus; wait time for results; costs for testing and treatment; and travel time to testing locations.
- **Place:** Convenient testing within the community at public clinics; health facilities; community-based organisations; and community events ensured that women were able to be tested and get the results within a few hours.
- **Promotion:** The campaign messages were based on the fact that a woman could be at risk for HIV based on her partner's behaviours and paired with an empowering message that she can take control by getting tested. A mix of paid and earned media, local events, and strong partnerships were employed to promote the message, maximise the benefits of testing, and minimise the associated costs.

## Evaluation

The campaign experienced a significant increase in HIV/AIDS hotline calls by 344 percent in Cleveland and 18 percent in Philadelphia and expansion of HIV services into new and non-traditional venues, most notably in the faith community. Furthermore, more than 200 community partners worked with the campaign, and approximately 1500 HIV tests were administered at campaign events, identifying 14 people living with HIV (who were previously unaware of their status).

