



Marketing Social Marketing Within NC Public Health

Tools of Change Illustrated

- ▶ Building Motivation Over Time
- ▶ Feedback and Recognition
- ▶ Incentives
- ▶ Norm Appeals
- ▶ Obtaining a Commitment
- ▶ Overcoming Specific Barriers
- ▶ Vivid, Credible, Personalized, Empowering Communication

Initiated by

- ▶ North Carolina's Division of Public Health

Results

- ▶ Social marketing was sanctioned in the department from the top down and became part of the Performance Management Work Plan process.
- ▶ 41 percent increase in the number of programmatic branches and a 264 percent increase in the number of projects, within the division, that requested consultation on how to use social marketing.

Location North Carolina

For Widespread Use No

Introduction

North Carolina's Division of Public Health took a social marketing approach to building, marketing and institutionalizing the use of social marketing within the state's public health department. This case study illustrates how both enlightened leadership and "grass roots" efforts at the program staff level can combine to successfully disseminate an organizational innovation of this sort.

Background

Note: To minimize site maintenance costs, all case studies on this site are written in the past tense, even if they are ongoing – as is the case with this particular program.

In 2000, North Carolina Division of Public Health got a grant from the Robert Wood Johnson Foundation that was called Turning Point.

The purpose of this grant, nationally in the United States, was preparing public health organizations for the new millennium. North

Carolina decided that it wanted to focus on developing its capacity to do best practice social marketing and health communication.

Out of the grant, two things happened at the state level. A social marketing consultant position was created for the division, as well as a Social Marketing Matrix Team. The charge of the team was to create and implement a plan to institutionalize social marketing within all the department's programs, and to develop the non-financial resources needed to do this. The team was envisioned to be a standing group that would become the "go-to" resource for social marketing expertise in the division.

In addition, at the national level, the grant created the Social Marketing National Excellence Collaborative, a coalition of six states that had received grants. The coalition worked to promote social marketing in public health nationally.

It was very clear to North Carolina that if it was going to promote the use of social marketing and create a behavior changing organization, it had to use basic social marketing principles to advance social marketing and really practice what it preached.

In developing its Social Marketing Matrix Team, the division picked people who were already interested in doing social marketing, who were health educators, or who could easily segue into learning social marketing. It also picked some people who were the sort of folks you would engage if you were diffusing some new innovation - the "switchboards" or the people who could cause things to tip into a new behavior. Over time, it got representatives from all of the sections in the division.

The Matrix Team developed an internal marketing plan. For each target audience,

the plan indicated desired outcomes and the kinds of interventions to be used.

The team had a yearly strategic planning retreat, where it looked back at what had been accomplished and what had not been done. Each year it did an environmental scan in terms of a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) to guide its plan for the coming year.

Setting Objectives

The Matrix Team set the following objectives:

- ▶ Managers and staff will know what social marketing is and when it is an appropriate intervention.
- ▶ Social marketing will be sanctioned in the department from the top down and will become part of the Performance Management Work Plan process.
- ▶ Social marketing will become a preferred tool for state grants, initiatives and interventions.
- ▶ State programs will understand and practice social marketing enough to promote its use in local programs.

Getting Informed

The department asked both management and staff how it could best promote social marketing to them. It started out with a convenience focus group of Matrix Team members, which was fairly clean at the time; they were fairly uncontaminated by ideas of what social marketing should be like, so they could provide a temperature gauge for what was going on in other sections. The department also did a series of key informant interviews with both

program staff and program administrators, and follow-up interviews with select administrators who would play a key role in adoption.

The research looked at what the department wanted to achieve or to be different, the behavioral and awareness outcomes, the barriers and facilitators, what people cared about already, and the general environment both in the division and - more broadly - in public health in the United States.

Some of the barriers they discovered were:

- ▶ The perception that social marketing is costly in terms of the time it takes to do, the amount of staff you need, and the amount of funding you need.
- ▶ A lack of access to tools and resources to perform social marketing.
- ▶ The misconception that social marketing was difficult to integrate.
- ▶ The perception that that this was just a fad.

People cared that this would be easy for them to do. They also cared about what their supervisors thought was important.

When asked how they would like to get information, a lot of people said, "We go to the snack bar, and if there's a bulletin board there, we would read it." They also said they would read information that came through e-mail.

Targeting the Audience

The Matrix Team initially segmented division personnel into program managers and program staff, because of the differing roles each group would play in institutionalizing the use of social marketing in the division. Managers would provide administrative sanction for staff to learn and use a marketing approach, and make decisions on

allocations of funding and other resources. Program staff would participate in program planning and implementation, staff development, and program consultation.

Over time, the team refined its segmentation of staff and administrators based on program area, familiarity with social marketing, and openness to using social marketing.

Delivering the Program

Because of the lack of access to tools and resources to perform social marketing, the division provided this access. It grew its capabilities from the core outwards. It used Matrix Team meetings to create learning opportunities so that team members could strengthen their abilities as social marketers. For staff-at-large, it also created a lending library of best practice textbooks and journals, and promoted available social marketing resources such as the Georgetown University Social Marketing Listserv. At the local level, for county health departments, the division offered a four-month social marketing certification program. (*Overcoming Specific Barriers*)

The division also offered periodic teach-ins. To attract participants, it offered food and draws for relevant books and conferences. For example, in 2002 The State Health Directors Conference was dedicated to social marketing. This two-day conference was open to both divisions' managers and program staff, as well as staff from local health departments.

Always keeping in mind the marketing mix, the planners identified "price" concerns regarding attendance at the teach-ins. The state health director stated that attendance was considered work time; refreshments were offered, and a raffle was held for social marketing books and a trip to the annual Social Marketing in Public Health

Conference sponsored by the University of South Florida. To be eligible for the raffle, attendees had to complete an audience research questionnaire on their use of social marketing, and write a paragraph describing how they would utilize learnings from the conference. (*Incentives; Obtaining a Commitment; Building Motivation Over Time*)

In addition, because of the misconception that social marketing was difficult to integrate, and because people cared that this would be easy for them to do, the division offered social marketing case examples that were pertinent to the area of work or the disease entity people were working with. It also provided templates and worksheets, and teamed people up with others who were already supportive of, and knowledgeable in, doing social marketing. (*Building Motivation Over Time; Overcoming Specific Barriers*)

The division also created a Convenience Contracting Process, which helped speed through the contracting process those who wanted to use a social marketing or advertising vendor outside of the division. The process included a pre-approved list of between 18 to 25 vendors who had been vetted that people could choose from if they wanted to do social marketing or communications as best practice and the work went beyond what could be provided in-house. (*Overcoming Specific Barriers*)

The Social Marketing consultant was available for assistance. And the Social Marketing Matrix Team, from time to time, held a 'Clinic in the Round.' During these clinics, a program or staff member could come to the Team and present what they wanted to do. The Team would critique it for them, and give them information about next steps they might want to consider and some examples of best practice marketing

that would fit with their program and goals. (*Overcoming Specific Barriers*)

Because people cared about what their supervisors thought was important, the organizers ensured that the health director was a visible champion of social marketing, and that she supported people and managers utilizing social marketing. Using social marketing was worked into people's work plans so that they got credit for doing it. (*Building Motivation Over Time, Credible Communication; Feedback and Recognition; Norm Appeals*)

The Matrix Team set up a dedicated social marketing bulletin board, strategically placed outside of the snack bar of the building it was in. It used the board and blast e-mails to give information and tips about social marketing, and promote trainings that were coming up. One of the most important channels of communications was face-to-face presentations to staff meetings that were fairly small and intimate.

Beginning in 2000, November was designated as Social Marketing Month in North Carolina. During this month, communications highlighted that social marketing was being used in public health, and teach-ins were held to increase the capacity of staff to use social marketing. In addition, the Social Marketing Consultant built up a record of consultation successes that were shared with other programs that he wanted to reach or that were interested. (*Norm Appeals, Overcoming Specific Barriers*)

Measuring Achievements

The Matrix Team regularly monitored implementation of the activities in the marketing plan, and evaluated the outcomes using evaluation criteria for each tactic specified in the plan. The Social

Marketing Consultant systematically followed up with individuals and programs which had requested consultation to determine the extent to which they had been able to implement recommendations and to identify further needs for assistance.

Financing the Program

The consultant position, educational resources and incentives were originally paid for through a grant from the Robert Wood Johnson Foundation. At the end of the Turning Point grant period, the consultant position went from grant funds to continuing hard funds, indicating that what was being done was valued by the division.

Results

- ▶ From 2000 to 2004, there was a 41 percent increase in the number of programmatic branches and a 264 percent increase in the number of projects, within the division, that requested consultation on how to use social marketing.
- ▶ Requests for consultations started to come earlier in the program planning process, rather than at the last minute.

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For step-by step instructions in using each of the tools noted above, to review our FULL collection of over 90 social marketing case studies, or to suggest a new case study, go to www.toolsofchange.com

Concluding Thoughts

Lessons Learned

- ▶ We've learned to take a 'traffic light' approach to introduce social marketing very gradually, rather than a 'race car' approach where change is presented suddenly. For example, if you're in your city and the department of transportation is getting ready to put up a new traffic light. They don't just put up the traffic light and turn it on and you stop one day. They start out months before putting up a sign that says, "Warning, there's going to be a traffic light here." Then finally they put it up and it just blinks for a while. And then finally, they put up the sign or the light, so that by the time they do that, people are used to the idea. This approach helps staff acclimate to a change in their way of doing things.
- ▶ It's really important to find out what people want, what are their goals, and to try to tie social marketing into that and to demonstrate how social marketing can help them reach their goals. It's not so much about us wanting to promote it, but how can they do the best job that they can.
- ▶ It really helps to have a champion, particularly in management. Look for who might be in a position of influence who can be a champion for you.
- ▶ It's important to remember that change has lifecycles and to really think long range. Stay your course through the ebb and flow.
- ▶ Use a mixture of high and low profile interventions, from the 'racecar,' to the 'traffic light,' depending on an

environmental scan of the organization.
Both can have their place.

- ▶ Feed your head; don't neglect to continue to teach yourself and learn about social marketing and what's going on currently, so that you can pass that on with others and just keep yourself refreshed.
- ▶ Link up with 'like-minded deviants.' See who's eyes light up when you talk about social marketing, and work with them first.
- ▶ Prepare to be surprised. Interest and acceptance can come at unexpected times and from unexpected quarters.
- ▶ We are talking about both individual behavior change and organizational systems change here. Remember that change is no easier for public health professionals than for our clients.
- ▶ Social marketing really does work. If you're going to use it externally to promote behavior change, think about using it internally to support change, as well.

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