Marketing Social Marketing Within North Carolina’s Division of Public Health

Tools of Change Webinar
November 17, 2006

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Today’s Agenda

• Where We Began–social marketing in NC prior to 2003
• Marketing Social Marketing to the NC Division of Public Health
• Results
• Sustainability Issues
• Lessons Learned

I. Where We Began
The State of Social Marketing in North Carolina pre-2000

- Random individuals in random programs
- Varying proficiency
- Social marketing = Promotion?!
  + Name familiarity
  + North Carolina Public Health Awareness Program
  + Single social marketing guru

North Carolina Division of Public Health

State Health Director

- Oral Health Section
- Local Health Services Section
- Health Promotion Section
- Epidemiology Section
- Women's & Children's Health Section

Healthy Carolinians

- Public Health Awareness Program
- North Carolina Turning Point
- Cancer Control
- Diabetes
- Tobacco Control
- Health Promotion
- Older Adults

Communicable Disease

- HIV/STD
- Environmental Epidemiology

Immunization

- Women's Health
- Children & Youth
- Nutrition Services
Robert Wood Johnson Turning Point Grant, 2000-2004

• Preparing public health for the new millennium
• NC’s focus: Social Marketing & Health Communication
• At the state level:
  – Social Marketing Consultant Position
  – Matrix Team
• National level collaborative

Remember those Social Marketing Principles?!

• Think Behavior Change
• Know your Audience-motivations, what is important to them, fears, hopes, values
• Think Benefits and Costs of Behavior
• When/Where in Right Frame of Mind
• When/Where is Right Place & Time
Warning!!

- We are diffusing an innovation
  - Early Adopters
  - “Laggards”
  - Lifecycles
- It is a behavior change—change is hard!
  - Barriers
  - Benefits
- Goal: Systems Change!

The Matrix Team

- Selecting Members

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<tr>
<th>Oral Health Section</th>
<th>Local Health Services Section</th>
<th>Health Promotion Section</th>
<th>Epidemiology Section</th>
<th>Women’s &amp; Children’s Health Section</th>
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<td>Healthy Carolinians</td>
<td>Public Health Assurance Program</td>
<td>Cancer Control</td>
<td>Immunoabiology</td>
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<td>Tobacco Control</td>
<td>Child Health</td>
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<td>Nutrition Services</td>
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The Matrix Team

**Goal** - Social marketing theory and practice are integrated into public health practice in North Carolina [resource development, program development, health promotion, coalition building, policy change, and branding strategies.]

**Vision** - Social marketing principles are widely used to improve the public's health in North Carolina.

**Mission of Matrix** - To provide leadership to achieve integration of social marketing as a routine part of public health practice at all levels.

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The Matrix Team

- Meeting Logistics
- Meeting Frequency
- Marketing Plan
- Learning Opportunities
- Strategic Planning Retreats—yearly
II. Marketing Social Marketing in North Carolina

Marketing Social Marketing in North Carolina

Formative Research

- Focus group of Matrix Team members

- Key informant interviews
  - program managers
  - program staff
Social Marketing Planning Questions

**GOAL:**

1. To (achieve x), what do we want to be **changed** or be **different**?

2. What are the **outcomes**?

3. Who are the **audience(s)**?

4. What are the **barriers**?

5. What are the **facilitators**?

6. What do people **care about**?

7. What is the **effect of the environment**?

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**GOAL: Incorporate Social Marketing into the Work of the Division’s Programs**

1. To incorporate social marketing into programs, **what do we want to be changed or be different?**

   - Know what social marketing is
     - theoretical background
     - steps in process
   
   - Change perception that marketing is costly
     - time
     - staff
     - money
   
   - When social marketing is an appropriate intervention
   
   - Make part of performance standards
     - Performance Management Work Plan (WPPR)
   
   - State programs encourage local programs
     - State staff understand and practice it enough to promote social marketing
4. What are the barriers?

Lack of access to tools to perform social marketing
Rx: Worksheets, training, websites, newsletters
Rx: Sample of model policy (local level) supporting use of social marketing
Rx: Use people who are supportive and already using social marketing
Rx: In training: identify key people who staff listen to/good trainers/ready adopters and get them on board

Perception that social marketing isn’t easy to integrate; that it is separate and apart from what we’re already doing
Rx: Education: what it is, see actual steps
Rx: Concrete examples: technical assistance, hands-on support
Rx: People: examples of staff integrating marketing into their work (e.g. activity report developed by Phil Bors as a way to document using social marketing as an intervention)

This is just the latest fad
Rx: Endure
Rx: Social marketing has been in use for 25 years
Rx: Ask if what you are doing currently is successful
Rx: Illustrate marketing’s successes
Rx: Focus on early adopters
6. What do people care about?

**It's easy for me**

Rx: Case examples

Rx: Worksheets, training, websites, newsletters

Rx: Sample of model policy (local level) supporting use of social marketing

Rx: Use people who are supportive and already using social marketing

Rx: In training: identify key people who staff listen to/good trainers/ready adopters and get them on board

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6. What do people care about?

**What their supervisors think (people buy into what their supervisors think/value)**

Rx: Have Dr. Devlin encourage program heads to incorporate social marketing

Rx: Include social marketing activities in the WPPRs of program heads and staff

Rx: Provide program heads and staff with examples of similar programs using social marketing

Rx: Train program heads in use of social marketing

Rx: Provide support/consultation to program heads as they incorporate marketing activities into their work
<table>
<thead>
<tr>
<th><strong>Program Administrators</strong></th>
<th><strong>(To do...)</strong></th>
<th><strong>(Interventions)</strong></th>
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<tbody>
<tr>
<td>• Section Chiefs</td>
<td></td>
<td>1. Policy Statement/Letter Supporting use of social marketing</td>
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</table>
| • Branch Heads            |                | 2. Education/Training  
|                           |                | • Send to conferences (USF and others)  
|                           |                | • Presentations to Mgt. Teams  
|                           |                | • Examples of practical success stories relevant to program |
| • Unit Administrators     |                | 3. NC Turning Point Web Site (provides easily accessible resources and references)  
|                           |                | (Note: print calling card with name and URL of web site) |

**Evaluation Criteria/Plan:** Are there social marketing items in staff WPPRs?

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<tr>
<th><strong>1. Responsible Person(s)</strong></th>
<th><strong>Dr. Devlin</strong></th>
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**Resources**

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<th><strong>2. Responsible Person(s)</strong></th>
<th><strong>Mike, Christopher, Jennifer, other Matrix Team members</strong></th>
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**Costs**

| **Resources** | **Turning Point funds**  
|---------------|--------------------------|
|               | **Social Marketing List Serve**  
|               | **Similar Programs in other states** |

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**Marketing Social Marketing in North Carolina**

**Interventions**

- 2002 State Health Director’s Conference
- “101” Training
- Social Marketing Bulletin Boards & Emails
- Presenting, talking, chatting**
- Consulting
- “Social Marketing in Public Health” Month

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Marketing Social Marketing in North Carolina

Interventions

- Social Marketing Lending Library
- Convenience Contracting Process
- Social Marketing items in Work Plans
- “Clinic-in-the Round”

Local Interventions

- 4 month certification program
  - health educators
  - learn, then do
  - mini-grants
  = 75 staff trained
From: Novice practitioners to founders in the field
In: local, state, federal agencies & non-profit CBOs
To subscribe, send an email message to:
LISTPROC@LISTPROC.GEORGETOWN.EDU
In the body of the message write:
subscribe SOC-MKTG (your name)
and type your actual name in place of “your name.”

Way Cool Tip!

To find out more about what determines your audience’s behavior, ask these questions!
1. a. What makes it easier to do the behavior?
   b. What makes it harder?
2. a. What are good things that happen when you do the behavior?
   b. What are bad things that happen?
3. a. Who would approve of your doing the behavior?
   b. Who would disapprove?
“With social marketing, you can have some truly improved outcomes. Because it is evidence-based—based on what works—you have more effective use of resources.”

-Leah Devlin, DDS, MPH
State Health Director
III. Results, 2000-2004

- 41% increase–number of programs requesting consultation
- 264% increase–number of separate projects and grants for which consultation was provided
- Earlier requests; continued requests; new requests
- Precontemplation ➔ Contemplation ➔ Action ➔ Maintenance
Results, 2000-2004

- Childhood overweight reduction grant
- Consultant position–grant funds to “hard” funds

IV. Keeping the Kettle Boiling–Life After RWJ, 2004–present
Sustainability Issues

Barriers

- Matrix Team members have a “day” job
- Varying support by program managers
- Lack of planning culture
- Things *change*. . .stuff *happ’ns*

Sustainability Issues

Facilitators

- Track record
- Tenacity/Flexibility/Unflagging commitment to social marketing!
- CDCynergy-Social Marketing Edition
- PRIZM commercial marketing database
- Things *change*. . .stuff *happ’ns!!*
Sustainability *Interventions*

**CDCynergy-Social Marketing Edition**

- Wealth of resources
- Can employ whole process or “pieces”
- “Fun” and engaging to use

= Increased interest in planning and social marketing

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**Sustainability *Interventions***

**Internal Audience Research on Planning**

- Problem—lack of planning foundation makes SM difficult
- Rothschild’s MOA framework
- CDCynergy Phases
- Barriers: time; funding; resources; management support
- Focus on tactics and roll-out
- Rx: management support; staff tools
Sustainability Interventions

High Profile versus Low Key

• Buzz/everyone is doing it!
• Pushback

• “New traffic light”/everyone is doing it!
• Maybe I should, too

Sustainability Interventions

PRIZM Commercial Marketing Database

• Augments existing data
• 360° view of audience and interventions
• “Wow” factor

= Increased interest in planning and social marketing
Results, 2004-present

- System Change
- Employee orientation web site
- Programs and staff *initiate contact*
- Diffusion outside NC DPH
  - Environment & Natural Resources
  - Aging
  - Attorney General’s Office
  - Community partners

V. Lessons Learned
Lessons Learned

- Link with others
- Look for natural opportunities
- Find out what people want
- Find a champion
- Create a lot of buzz

Lessons Learned

- Use good group dynamics
- Change has life cycles–think long range
- Use high profile and low profile interventions
- Feed your head
- Prepare to be surprised
Think Like a Marketer!!!

• Think Behavior Change

• Know your Audience—motivations, what is important to them, fears, hopes, values

• Think Benefits and Costs of Behavior

• When/Where in Right Frame of Mind

• When/Where is Right Place & Time