1 First in a series of Turning Point resources on social marketing

Social Marketing: A Resource Guide

from the Social Marketing
National Excellence Collaborative

TurningPoint
Collaborating for a New Century in Public Health

Acknowledgements

This Social Marketing Resource Guide was a collaborative effort. A special thanks goes to The Robert Wood Johnson Foundation for its financial support of the Turning Point Initiative; Turning Point's National Program Office for its leadership in this initiative; and the members of the Social Marketing Collaborative for their content and production contributions.

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Notes to Readers

This **Social Marketing Resource Guide** was designed to present basic information about social marketing. It is intended for use as a reference manual for agencies and organizations wishing to expand their employees' knowledge of social marketing and its basic principles of implementation. It is not meant to provide detailed answers to all social marketing dilemmas, nor is it meant as a substitute for a specific marketing plan. Information contained in this guide is current as of January 2002. The enclosed materials are meant to help you increase your knowledge of social marketing and how it can be used to address public health issues.

Informational materials contained in this guide include: a "Social Marketing 101" that outlines the basic concepts of Social Marketing; a case study that demonstrates the use of the principles of social marketing; factors that influence behavior; one in-depth case study complete with overview, audience profiles and background articles; social marketing definitions; and a reference section containing resources you can access for additional information. In addition, the in-depth case study contains a facilitator's guide that explains how to use the exercise to direct students through a social marketing model.

A Power Point Slide Series for use in presentations and training programs accompanies the core curriculum on "Social Marketing 101". This slide series has been placed on a CD and included in this guide. The slide series may also be downloaded from the Turning Point National Program Web site at: www.turningpointprogram.org

Who Should Use This Guide?

The information and resources contained in this guide could benefit public health program planners, public information and public affairs specialists, health educators, health communicators, and health and wellness promoters in:

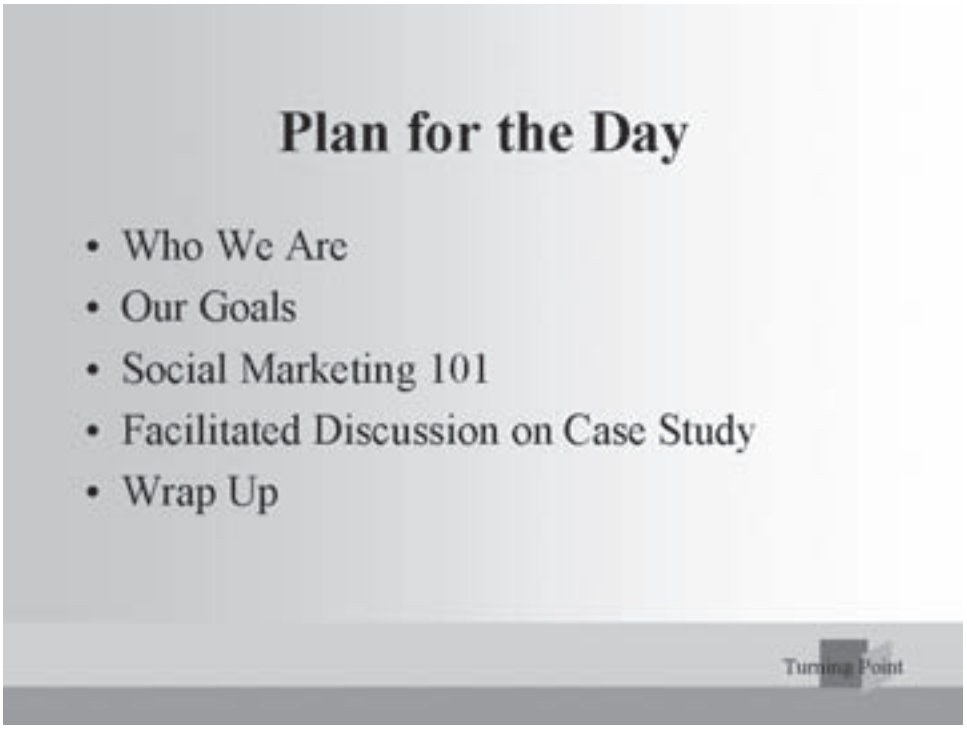
- Community Service Programs
- Community Based Organizations
- County Health Departments
- State Agencies
- Health Maintenance Organizations

Because members of the social marketing collaborative believe in "asking your audience," we encourage you to complete the short evaluation on the slide show and send it back to us. We would like to know what you liked about it, how you used it, and what suggestions you have for improvements. Your input will help us improve future editions.

Section 1. Social Marketing 101

Slide Presentation with Notes

Slide 1

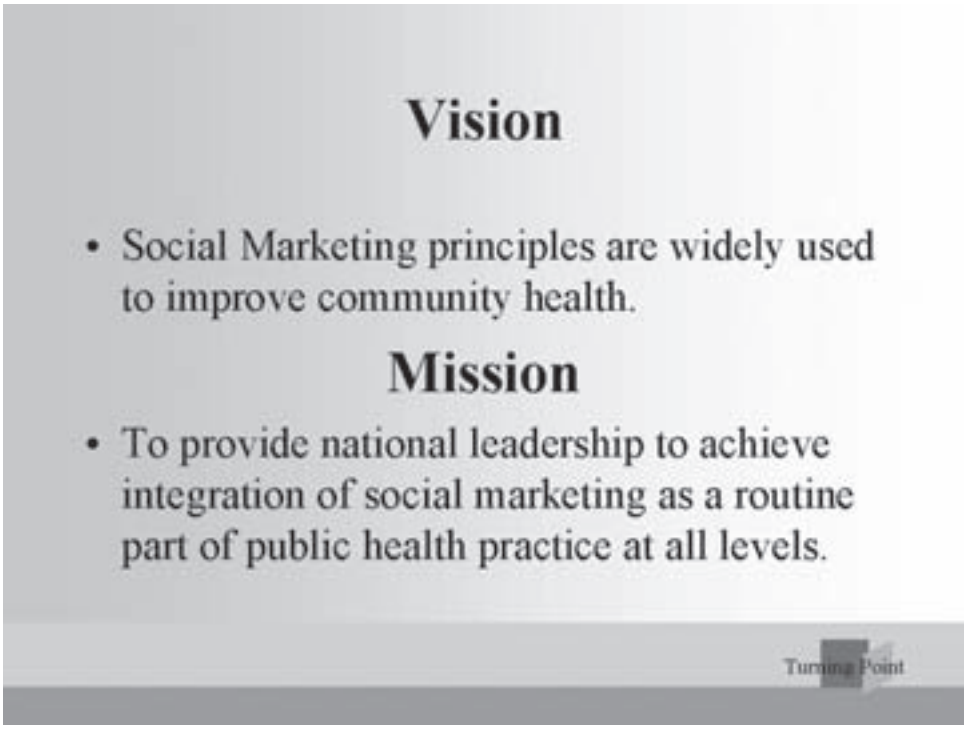

Plan for the Day
• Who We Are
• Our Goals
• Social Marketing 101
• Facilitated Discussion on Case Study
• Wrap Up

Slide 2

Slide 3

Turning Point is a Robert Wood Johnson Foundation grant given to 21 states and 41 community partnerships "to transform and strengthen the public health system in the United States to make the system more effective, more community-based, and more collaborative."

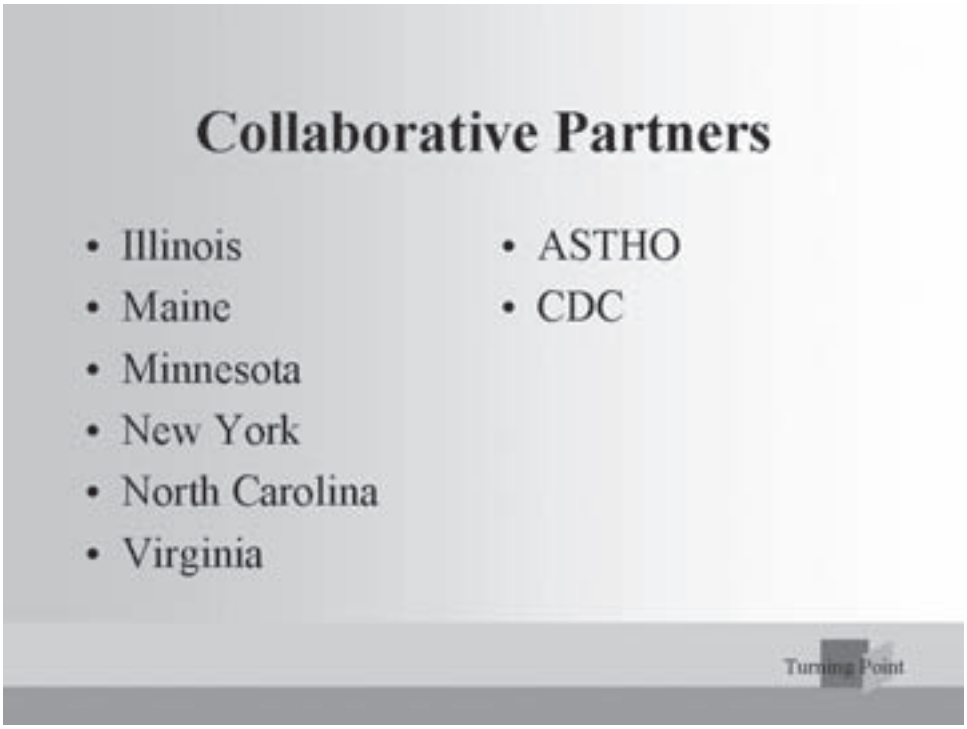
The Social Marketing National Excellence Collaborative is focusing on the integration of social marketing into their state health systems and developing resources for use by other states. It is one of five national collaboratives established by theTurning Point initiative to address key issues in public health.


Vision
• Social Marketing principles are widely used to improve community health.
Mission
• To provide national leadership to achieve integration of social marketing as a routine part of public health practice at all levels.

Slide 4


Goal
• Integrate social marketing research and practice into resource development, program development, health promotion, coalition building, policy change, and branding strategies for public health.

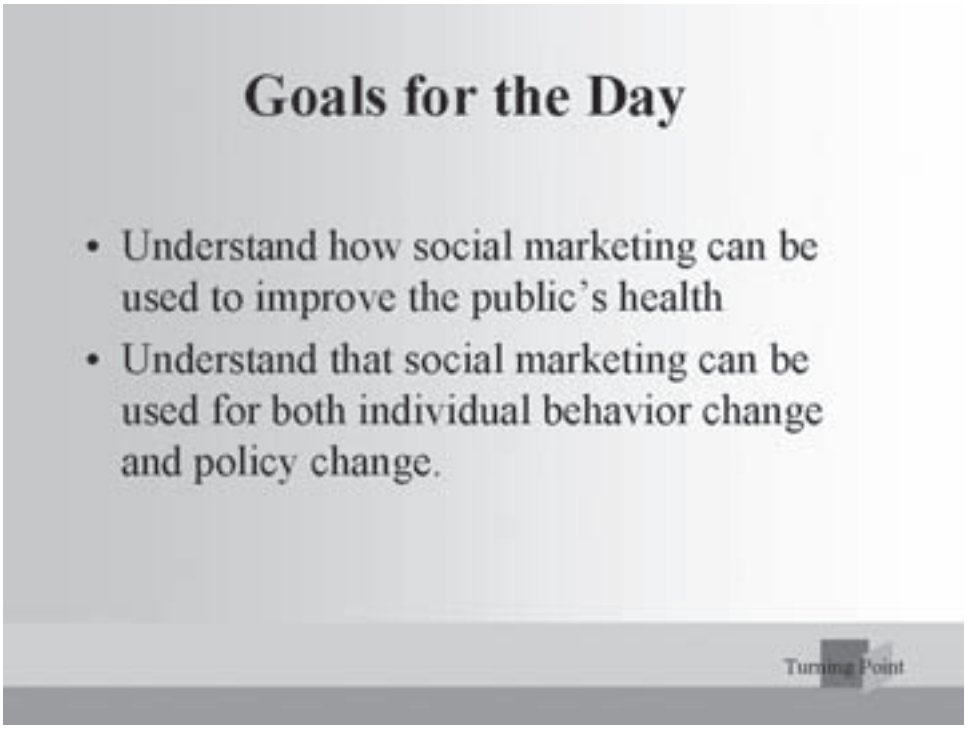
Slide 5


Collaborative Partners
• Illinois
• Maine
• Minnesota
• New York
• North Carolina
• Virginia
• ASTHO
• CDC
Turning Point

Slide 6

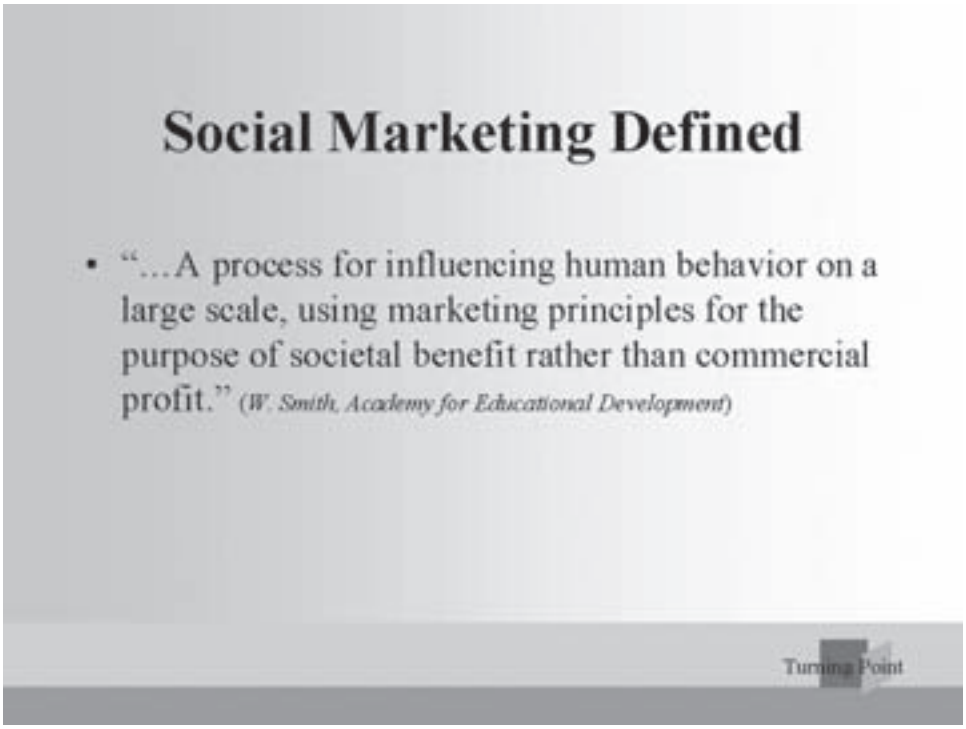

Activities
• Research
• Dissemination of Best Practices
• Implementation of Social Marketing Campaign to Strengthen Public Health
Turning Point

Slide 7


Goals for the Day
• Understand how social marketing can be used to improve the public's health
• Understand that social marketing can be used for both individual behavior change and policy change.

Slide 8

Slide 9

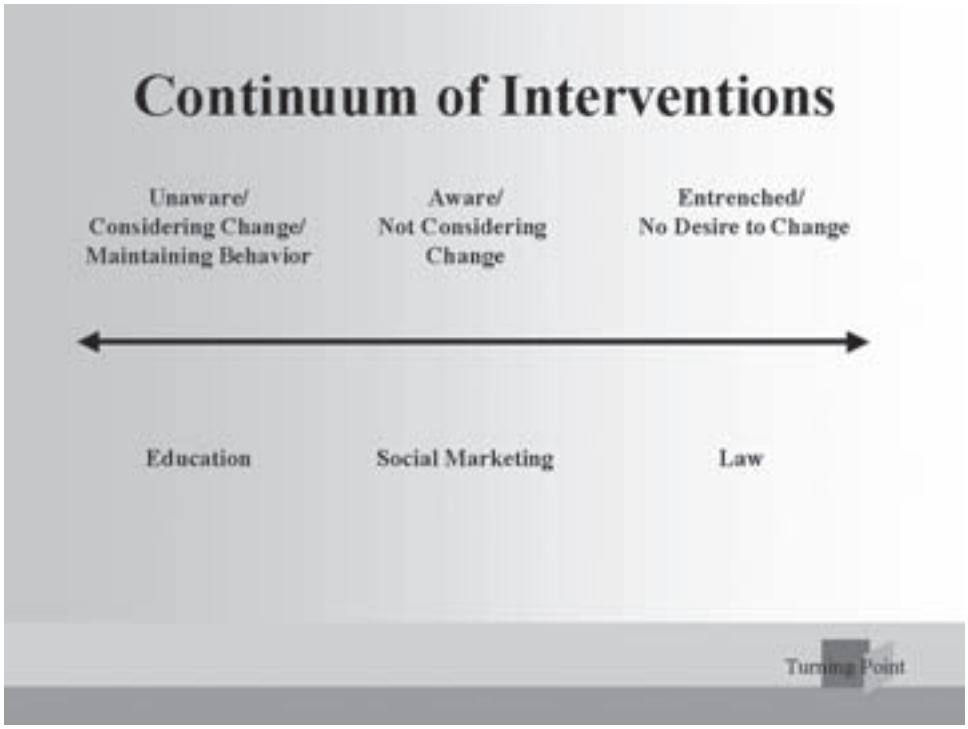


Slide 10

Social marketing is basically applying commercial marketing principles to health and human service programs.

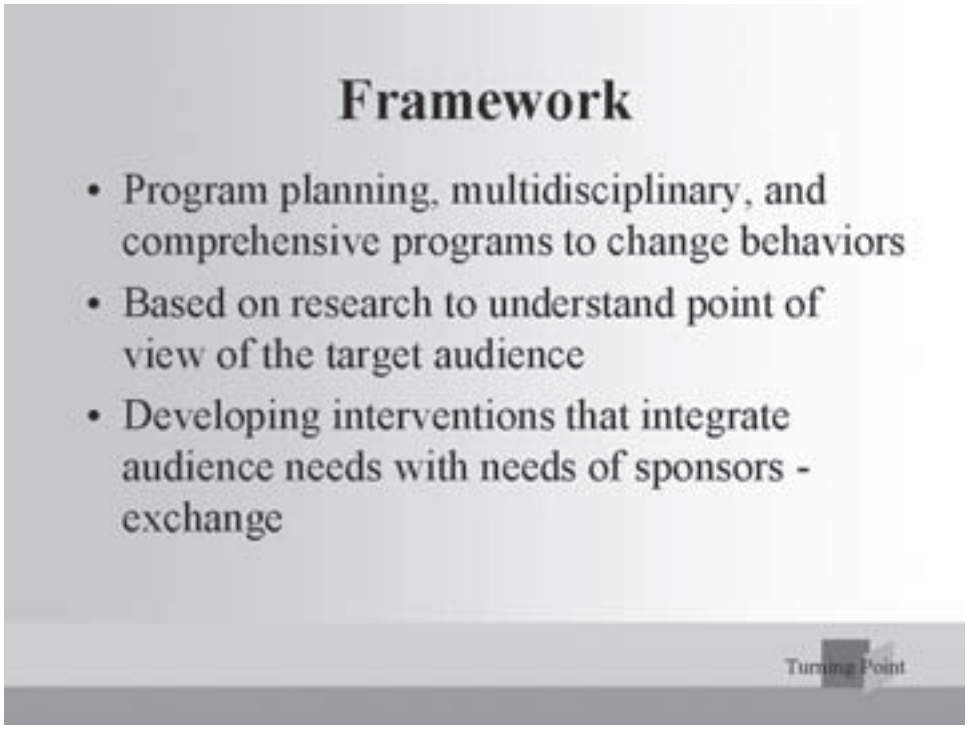
Bottom Line: Behavior change for societal benefit—not profit.

Everything you do should be in the service of behavior change.

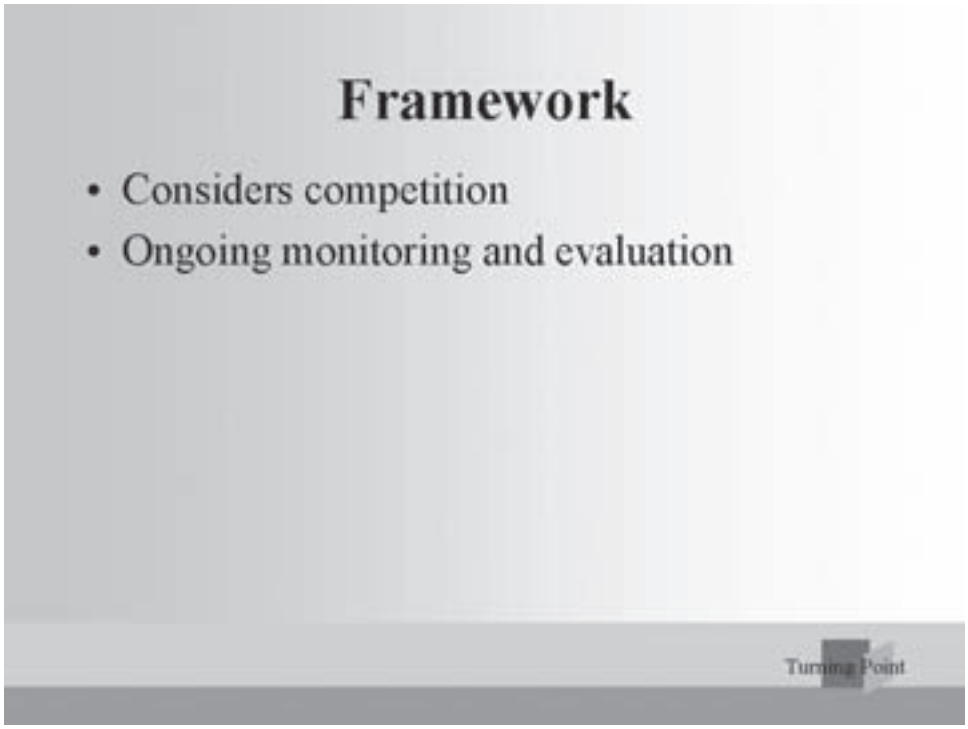


Slide 11

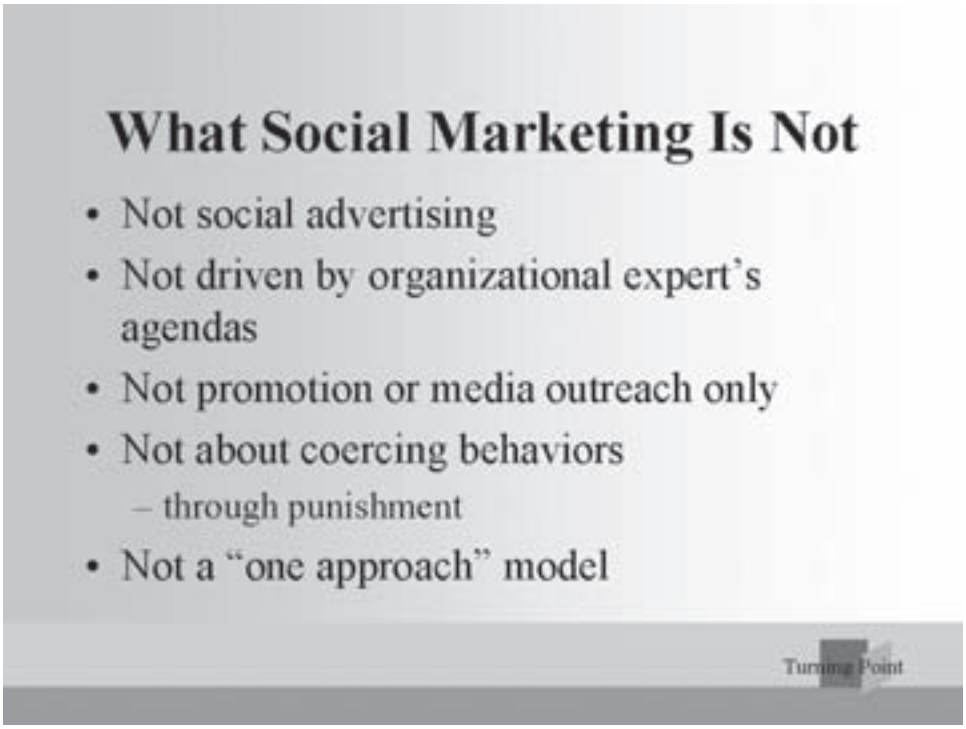
This shows you where social marketing fits in with other interventions to support behavior change.


Framework
• Program planning, multidisciplinary, and comprehensive programs to change behaviors
• Based on research to understand point of view of the target audience
• Developing interventions that integrate audience needs with needs of sponsors - exchange
Turning Point

Slide 12


Framework
• Considers competition
• Ongoing monitoring and evaluation
Turning Point

Slide 13

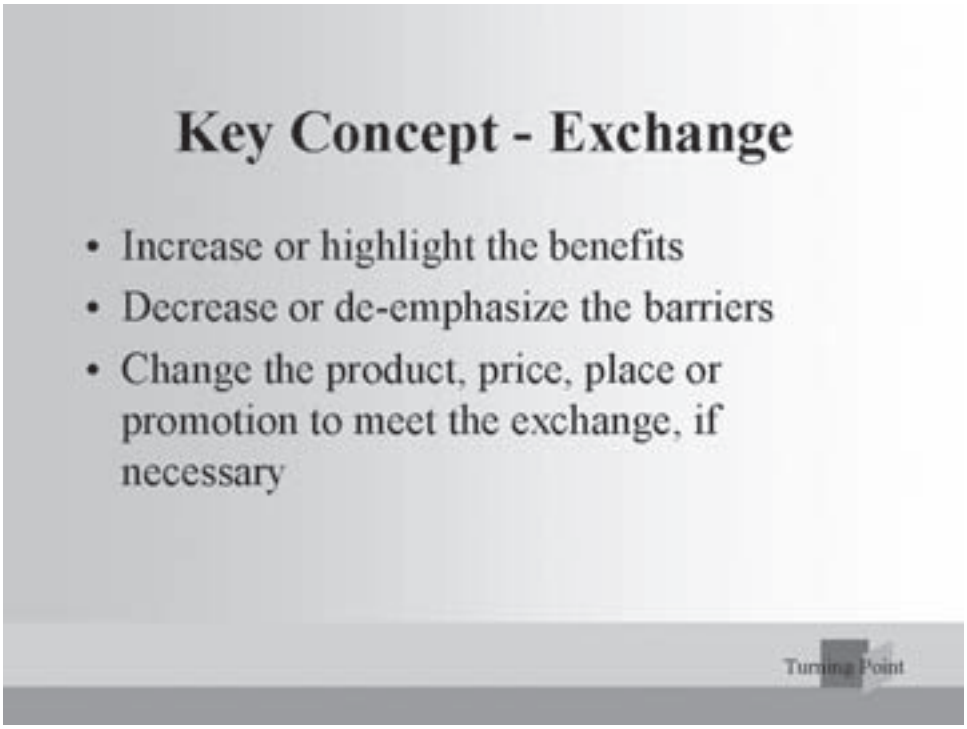


Slide 14

***** Note to presenter, after:*** **"Not driven"** ***state*****...it is a balance between the expertise of professionals and the** ***experiential expertise*** **of our audience(s).**

***** Note to presenter, after:*** **"Not promotion only"** ***state*****...this is what most people think of when they hear the term** ***marketing*****.**

Social marketing is consistent with what Turning Point is doing: collaboration between the program office and state and community partners.



Slide 15

Key Concept - Exchange

Exchange is "Quid pro quo," "tit-for-tat"

...something for the audience/something for the program

****Note to presenter*, before reading the bulleted list on the slide, introduce them with:**

"We can use the concept of exchange several ways in marketing..."

****Then review the list.**

Slide 16

Here is a useful way to understand the concept of exchange. This is a commercial example.

On the left is the cost or price our audience must pay to use our product. On the right is the product or benefit they receive.

Notice how some of the benefits are intangible.

Think of commercials for Pepsi—they portray people having fun, being attractive, feeling young.... Remember the "Pepsi Generation"?

Slide 17

Here is a public health example.

Notice that the "costs" associated with the behavior we are asking people to do are not always monetary.

People go through a "cost/benefit" analysis at some level when they decide to act.

The perceived benefits of the behavior must outweigh the perceived costs in order for them to try it.

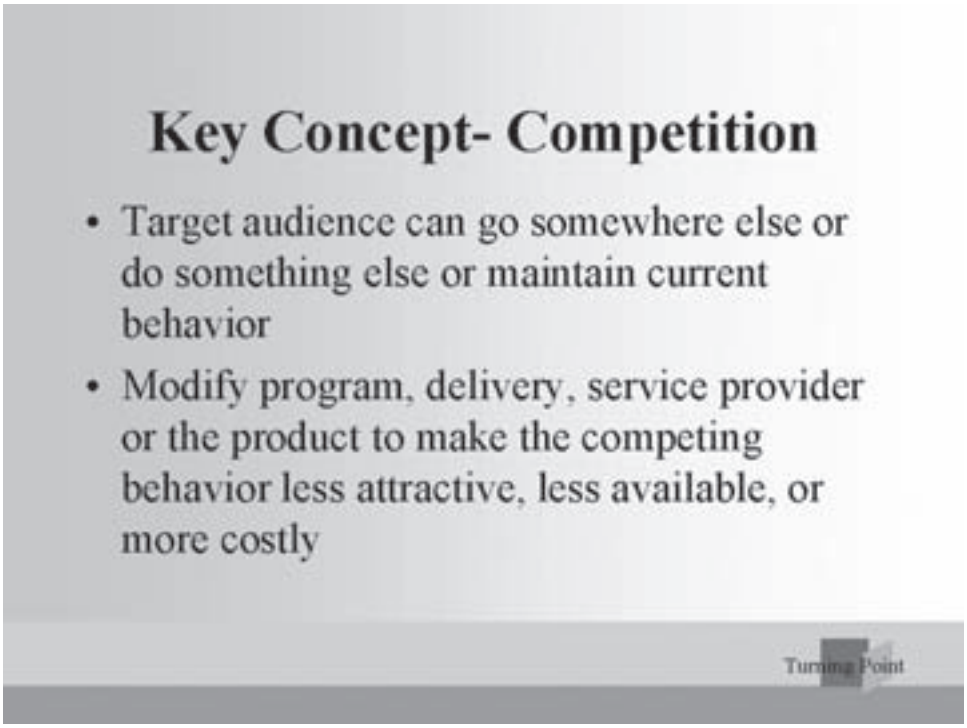
Slide 18

Here is another public health example.

It is important for us to understand *what our audience sees* as the costs and benefits of the behaviors or services we are promoting!

Notice that the benefits important to them are not always health benefits.

In social marketing, we strive to frame our services or behaviors in terms of benefits that are important to our audience.



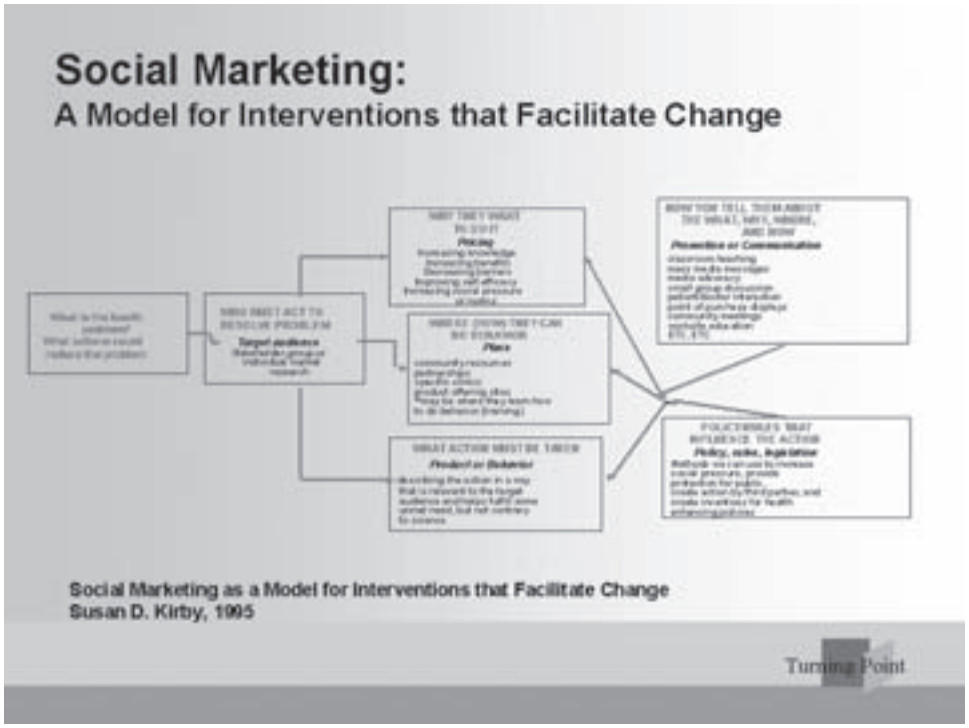
Slide 19

**** *Note to presenter,* between the bulleted statements comment:**

...so we need to know our audience, to understand what they do that competes with the healthy behaviors we want them to do.

We can use this understanding to...

**** Read the second bullet.**



Slide 20

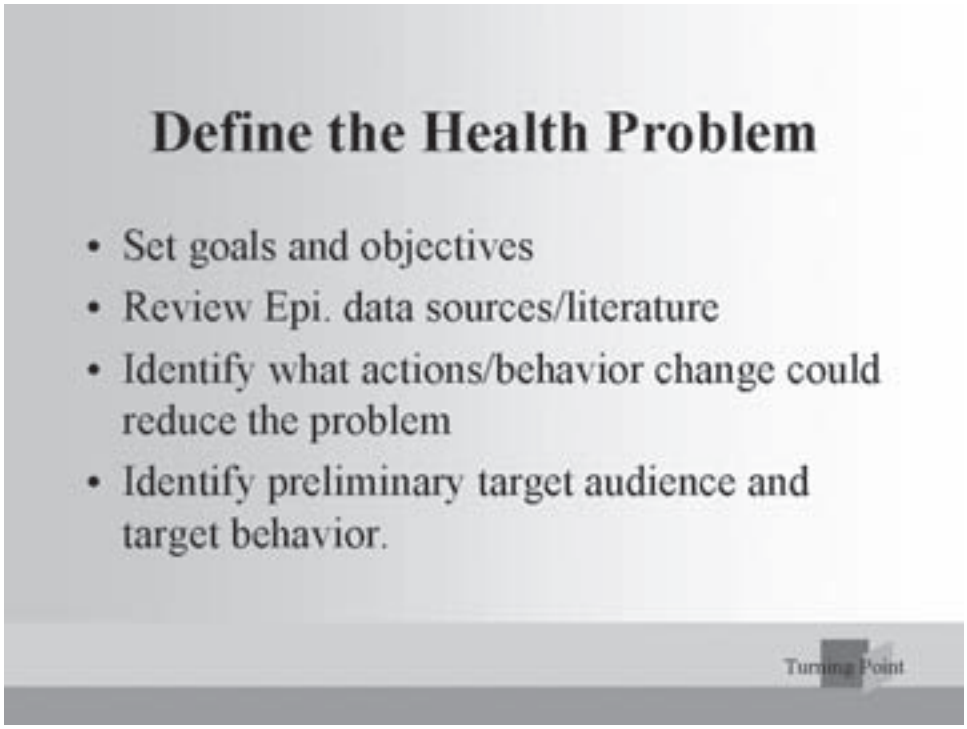
Here is something to put the social marketing process in context.

This chart illustrates the flow of our social marketing activities.

****Briefly review the headings of each box**

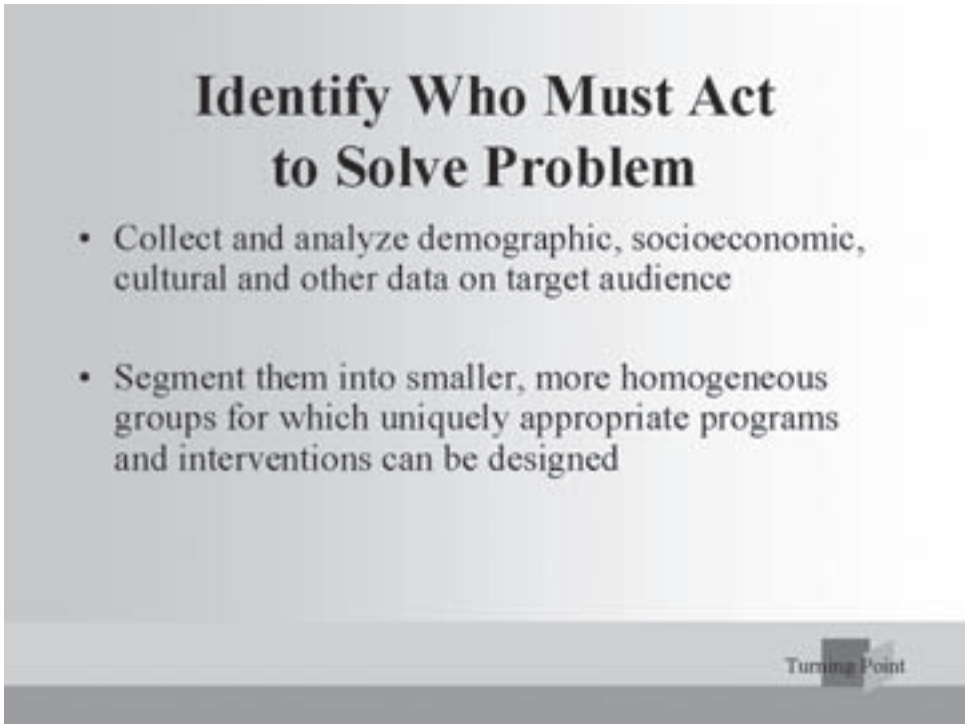
The process also includes on-going monitoring of our progress and evaluation of what we achieved.

Let's look at these steps more closely.



Slide 21

Here is where we begin doing our "history taking" and making our "diagnosis" of the problem.

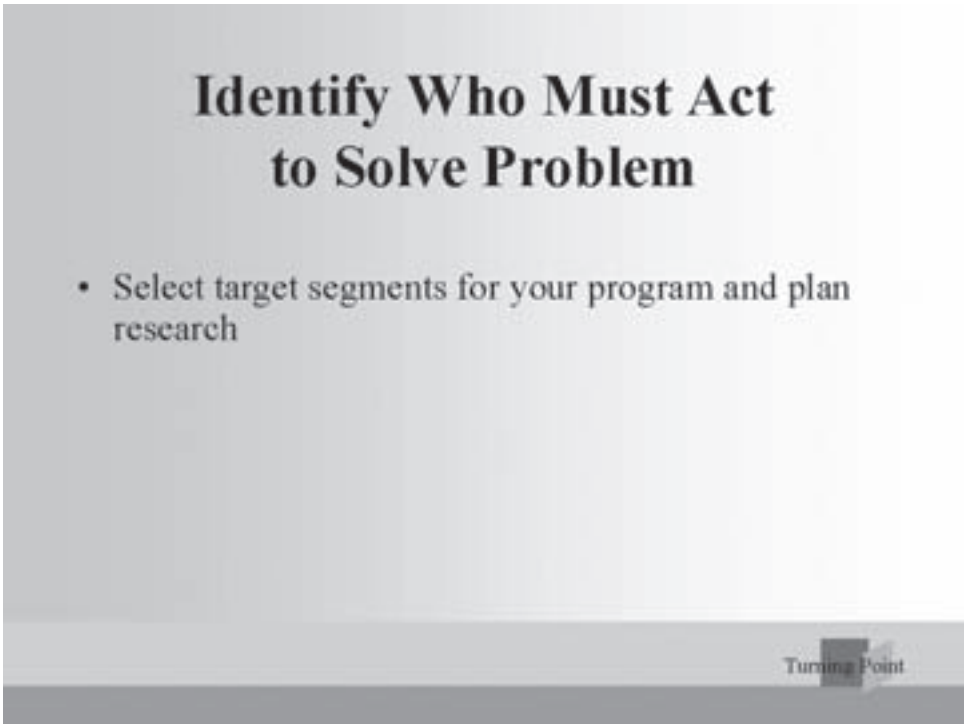


Slide 22

We segment our audience because different factors in people's lives can contribute to the same problem. Different life circumstances can require different interventions. A one-size solution does not fit all.

(We will review some possible ways to segment audiences in just a moment.)

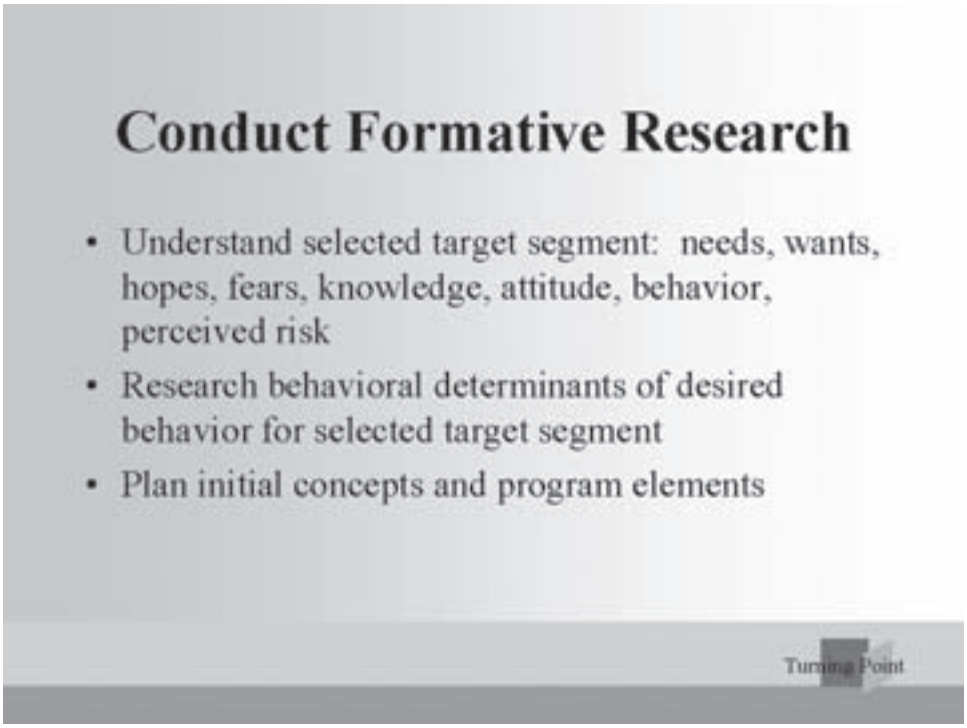
Our audience can be: 1) the people you want to do something different; 2) the people who can make it easier for them; 3) the people who can make it harder for them.



Slide 23

We can select segments based on: responsiveness/ease of change; size and impact; need; media channels they attend to; their influence on our primary audience.

The most appropriate intervention varies. For example, we could base it on: audience's readiness to change; the costs they associate with the behavior; their level of awareness; where we can reach them; etc.

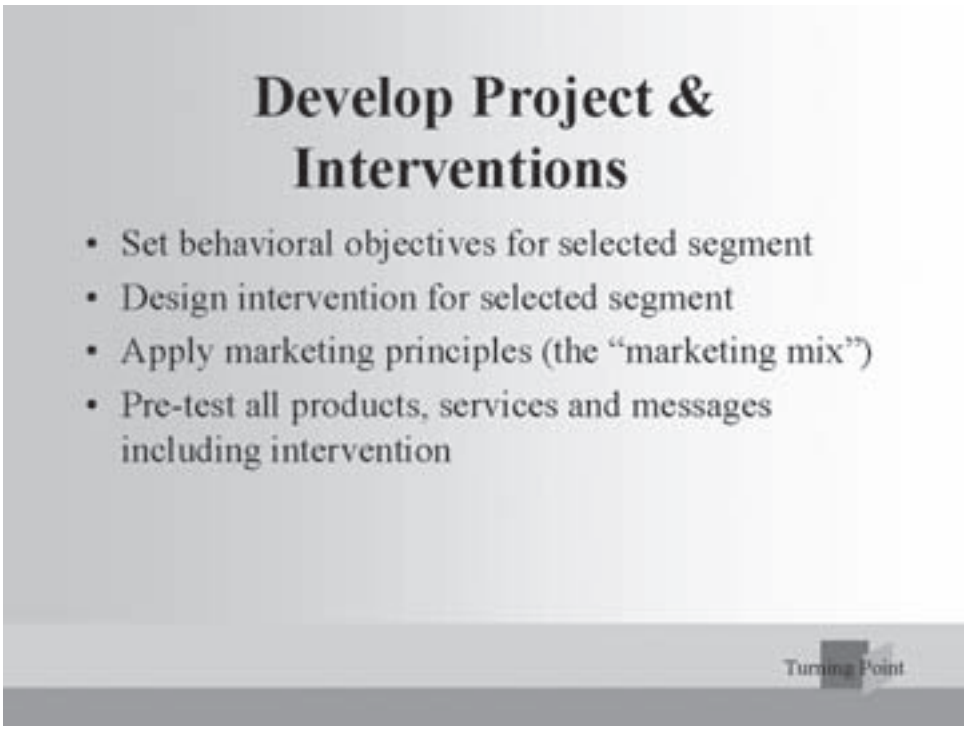


Slide 24

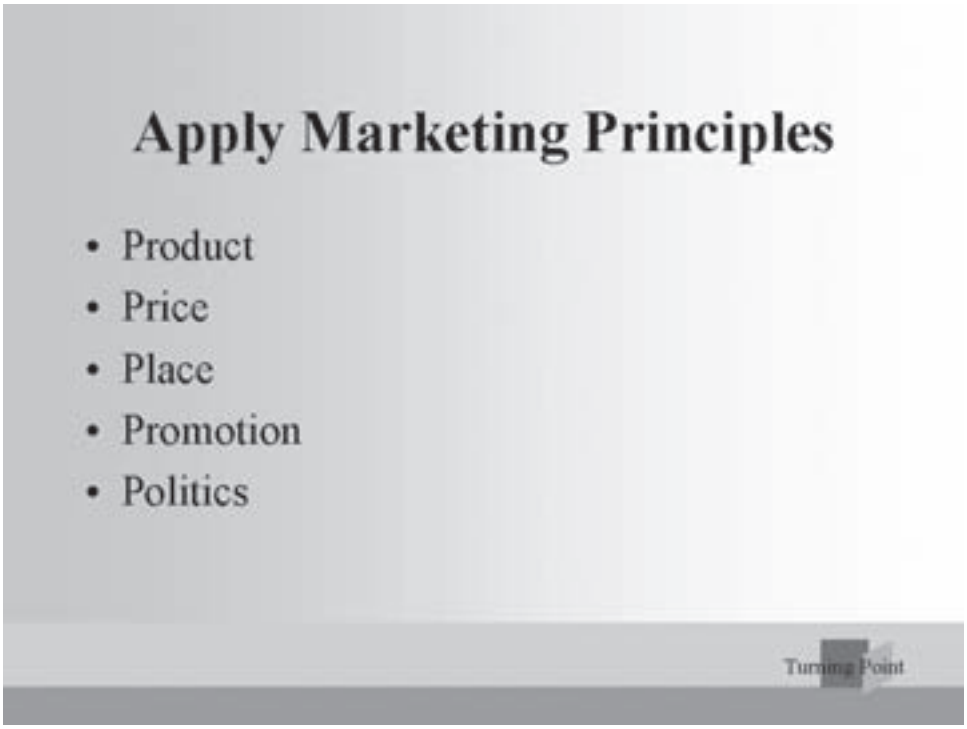
****Introduce the slide with*:**

"Because people tend to act in their own perceived best interests, we need to understand what is important to them, what motivates them in order to offer effective interventions."

****After the second bulleted statement, refer people to the handout "Internal and External Factors that Determine Behavior Change," which can be found at the end of Section 1.**


Develop Project & Interventions
• Set behavioral objectives for selected segment
• Design intervention for selected segment
• Apply marketing principles (the "marketing mix")
• Pre-test all products, services and messages including intervention
Turning Point

Slide 25

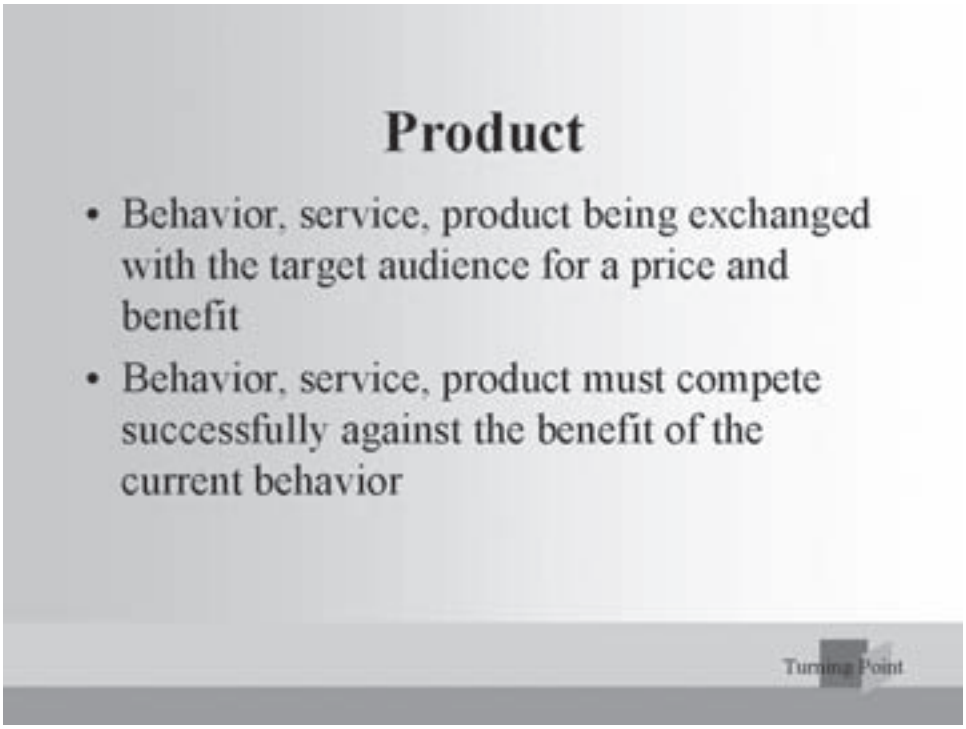


Slide 26

Have you heard of the "4-Ps?" Here they are. In public health, we are often faced with a fifth "P", Politics.

Think of your behavioral intervention like a house. These are the five foundations that support it. They all need to be in place.

We can use the "P"s as a way to recognize and balance weaknesses in our programs. (*For example, you may have caring staff and very good advertising to promote your program, but clients associate a "cost" with it, because you only are open while they are at work. To reduce this cost, a marketing intervention would be to extend your hours.)*



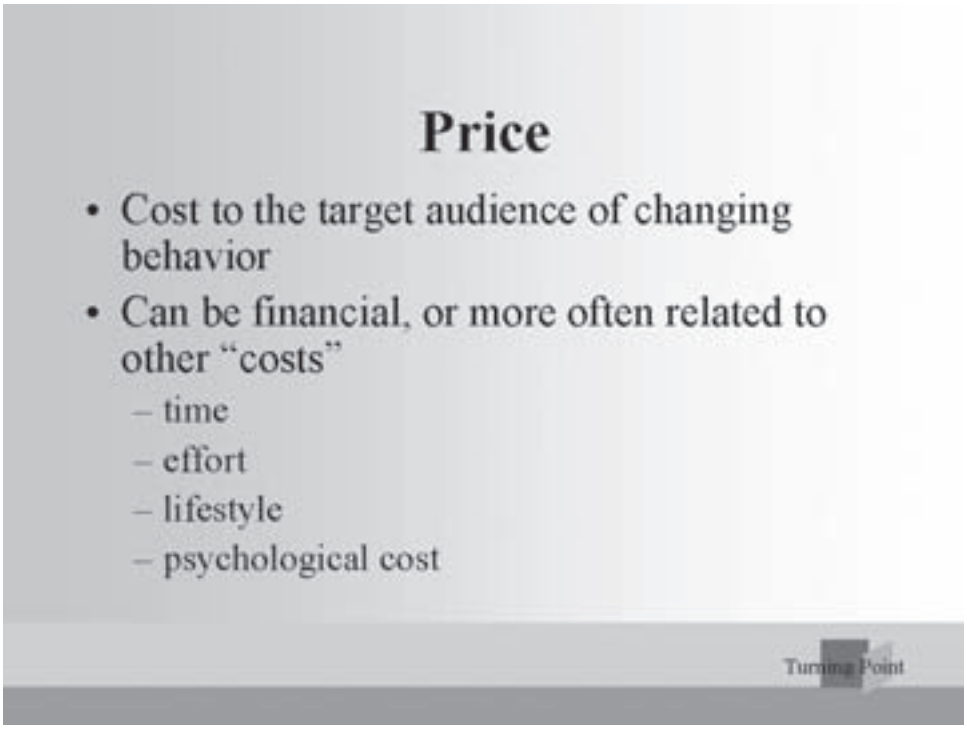
Slide 27

The product is what we are offering and its benefits.

It can be tangible, like a service or a behavior or a condom or low fat food. It can be intangible like a youthful feeling, peace of mind, or the hope to do something you want to do (like being able to wear your prom dress if you don't become pregnant).

Remember the exchange slides? Our product may be Pepsi, and a way to quench thirst and a promise of fun. Or our product may be immunizations and the promise that your child can go to school.

Focus on benefits that are important to our audience.



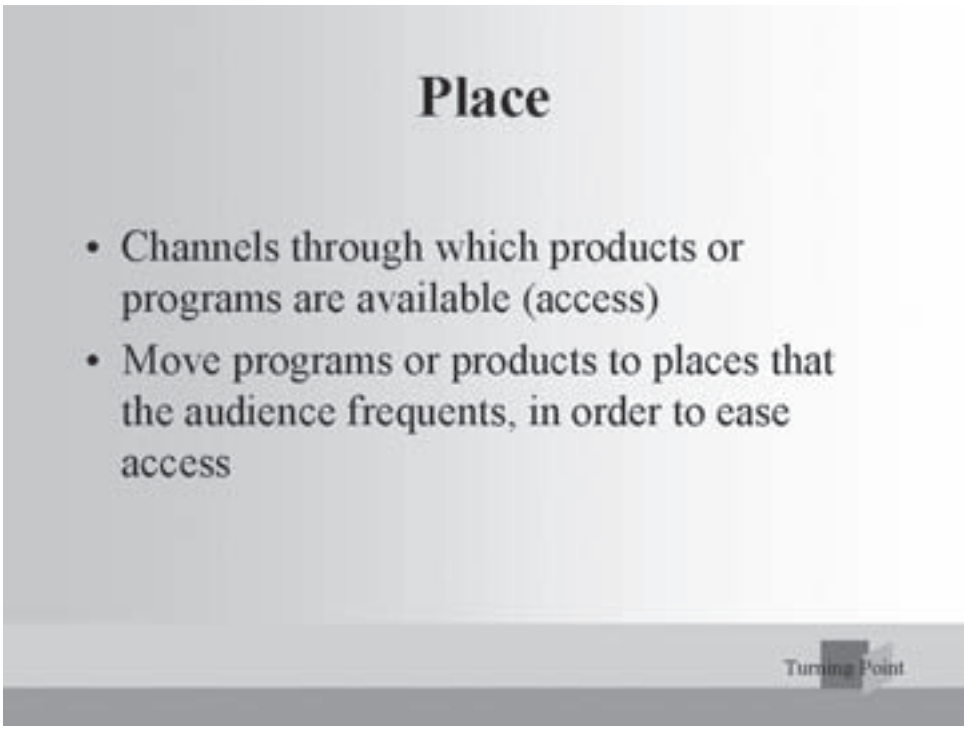
Slide 28

This is the downside of what we are asking our audience to do….things that they have to give up.

Benefits - Cost = the Net Cost.

The perceived costs have to be *less* than the perceived benefits for people to act.

Marketing looks at ways to increase the benefits and lower the costs of behavior.



Slide 29

Where/When might people think about our issue/problem?

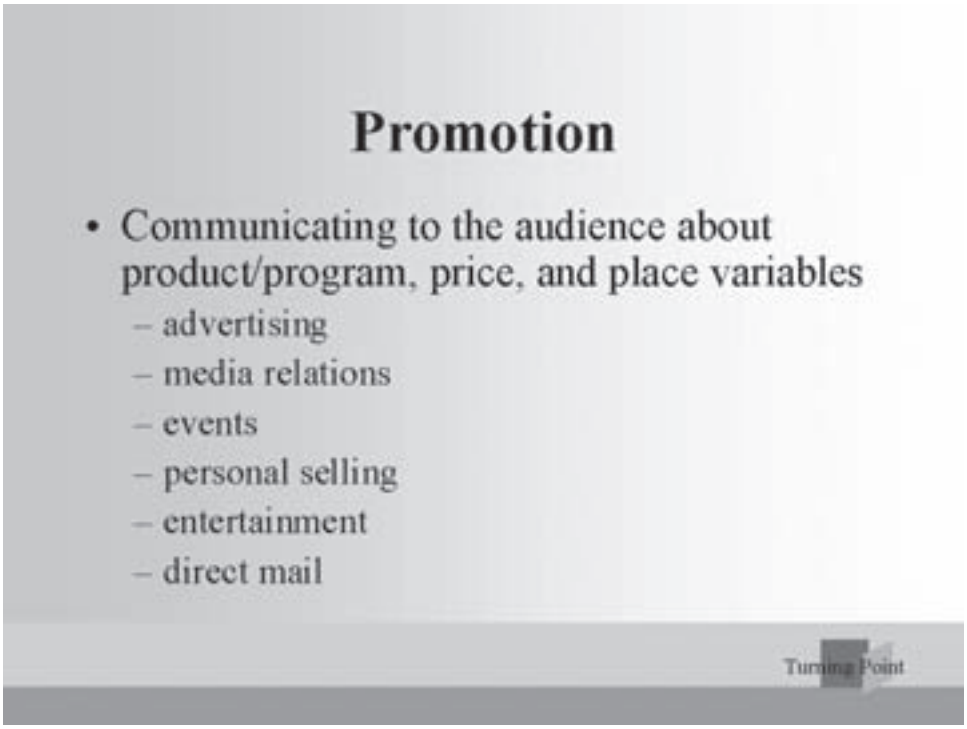
Example: for nutrition—at a restaurant; at a snack machine at work; in the grocery store.

Where might they be in the right frame of mind?

Example: for family planning—post-partum in the hospital; at a pregnancy test; at a bar before a date.

Where/When can we put information or service? Where does our audience already gather?

Example: for Senior Vaccinations—at a senior citizen center; at a church; at an elderly nutrition program; "Golden Agers" night at a restaurant.



Slide 30

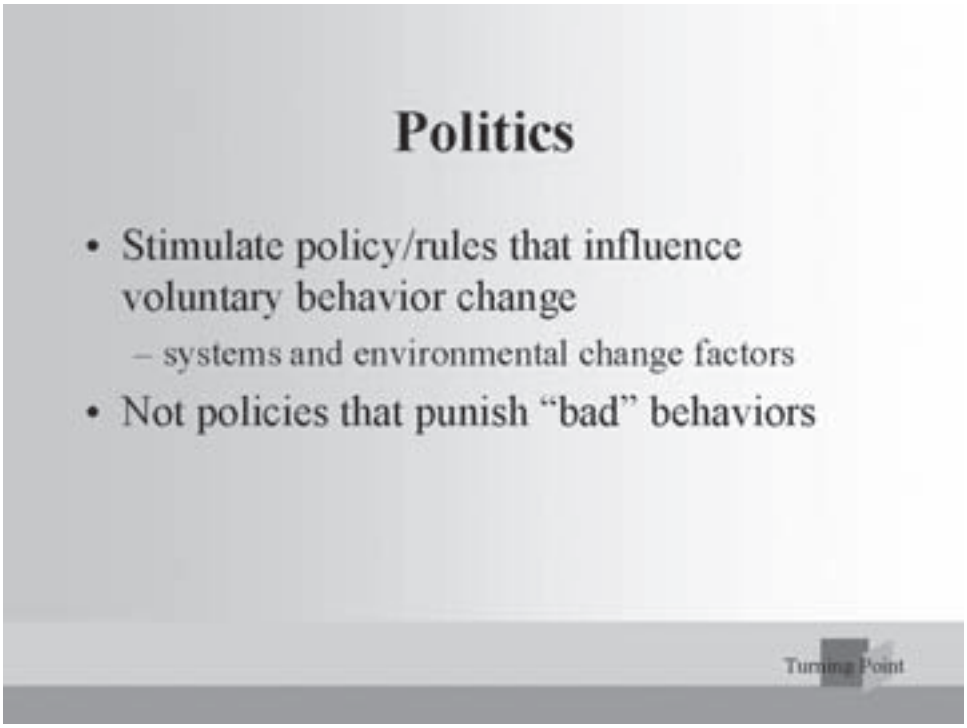
It should be attention-getting to stand out from all the other non-health information people get through TV, radio, the Internet, newspapers, etc.

It should be memorable—connect it with something that is important to your audience.

***Repeat it, Repeat it, Repeat it*. (Communications research tells us people need to hear new information approximately 11 times before it starts to sink in!)**

Place in a medium and in a location where your audience will notice it.

Promotion and media are what people often think of when they hear "marketing." Notice that it is the last of several interventions marketers use.



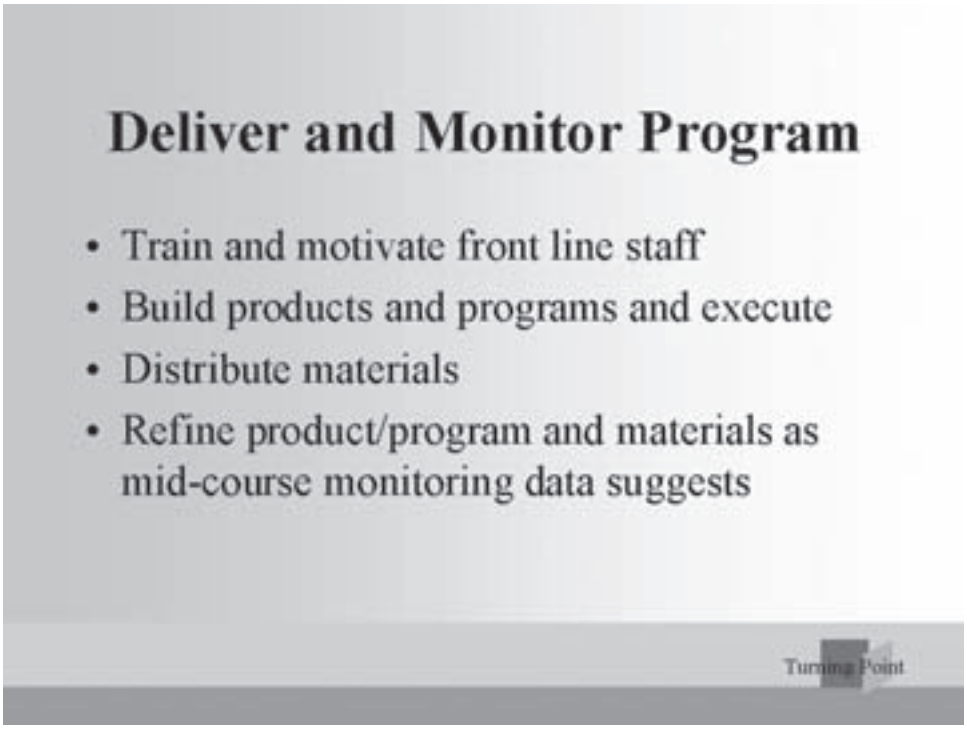
Slide 31

An example of a policy that motivates voluntary change is funding for a mobile mammography clinic.

Policies that punish "bad" behaviors would be like raising the insurance premiums for women for not getting a mammogram.

We can use social marketing to affect policy and legislation. Changes in these arenas can support behavior change. *Policy by itself is not social marketing.*

Much of what we do is work with policy makers (boards of health, county commissioners, legislators). Turning Point is about collaboration—we can use the "4 Ps" to help us collaborate more effectively.

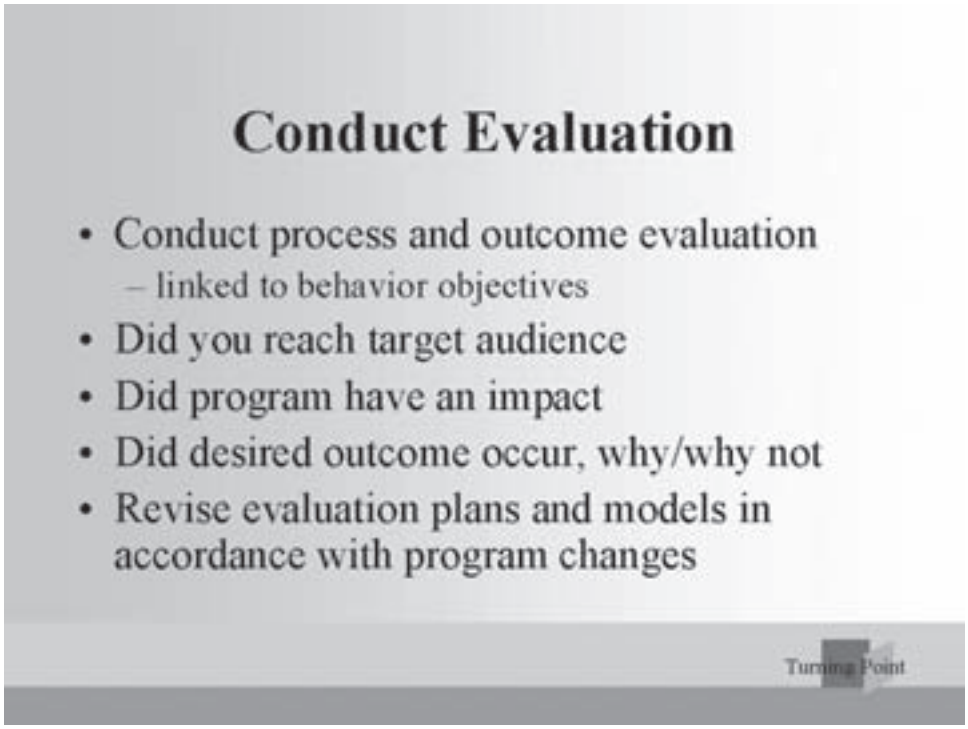


Slide 32

This is where a lot of Public Health programs start – without knowing about our audiences, without looking at the perceived costs and benefits or competition issues, without considering when and where people are in the right frame of mind to act on our health issue.

If we take this information into account our programs are more likely to have the outcomes and impacts we desire.

***** Note to presenter:*** **on the last bullet, comment that monitoring our programs and making adjustments is important to their success.**



Slide 33

Begin thinking about how to evaluate your program from the beginning.

What data do you need to look at that is meaningful for your particular intervention?

Number of phone calls or appointments?

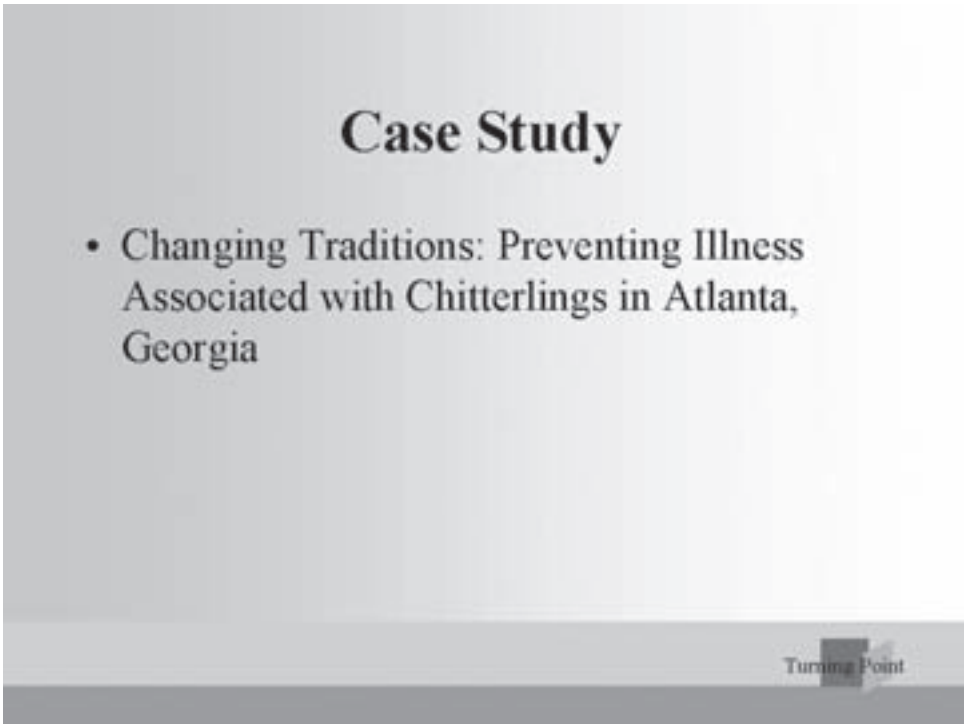
Where/How people got information about your service?

The course of meetings with other partners?

Change in a policy?

Improved indicators of health status?

What information is important for you to have? How will you gather it?



Slide 34

***** Note to presenter:*** **Refer to the case study (which is at the end of these slides).**

Slide 35

**** *Note to presenter*: review these elements from the case study, which is at the end of these slides.**


Think Like a Marketer
• Think Behavior Change
• Know your Audience
• Think Benefits and Costs and Exchange
• When/Where in Right Frame of Mind?
• When/Where is Right Place & Time?
Turning Point

Slide 36

Slide 37

This is an overview of social marketing. This may be new to you.

Consider what you can use. It is a developmental process.

I have presented the "Cadillac" model. You may only be able to use the "Volkswagen" model now. But this is better than walking.

**** *Note to presenter:* Go to the domestic violence case study exercise, in Section 2, if you are going to use it.**

Case Study

Changing Traditions—Preventing Illness Associated with Chitterlings

In Brief: In August, 1996, health officials in metropolitan Atlanta, Georgia decided to use a social marketing approach to prevent the next holiday outbreak of diarrhea cases associated with the preparation of chitterlings (pork intestines; chitlins) by African American women. Formative research identified the source of the disease to be breaks in sanitation during preparation of the meat. A culturally appropriate and "low-cost" intervention was selected: pre-boiling chitterlings for five minutes "before cleaning and cooking as usual."

Despite the short lead time (August to November) and relatively low budget, the project generated positive results. Targeting women who prepared chitterlings, community gatekeepers and health care providers, the project documented greater awareness and actual reductions in diarrhea cases during the winter holiday season.

Key Words: cultural competence, socioeconomic and racial health disparities, sanitation, chitterlings, African American women, community, Georgia

For More Information: This case study has been adapted from a presentation by Peterson, E. A., & Koehler, J. E. (1997). *1997 Innovations in Social Marketing Conference Proceedings,* 4-8.

Social Marketing Strengths At-A-Glance*

Audience	Behavior	Product	Price (benefit/ barriers)	Place	Promotion	Competition	Evaluation		
							Formative	Process	Impact/ Outcome
X	X	3	3	3	2	2	3	2	2

Background

In 1989 a severe form of diarrhea in African-American infants in Georgia caused by the *bacterium Yersinia enterocolitica* (YE) was first associated with home preparation of chitterlings (pork intestines or chitlins). Each November and December after that, Women Infant and Children (WIC) clinics offered flyers and short lectures emphasizing hand washing and protecting children from exposure to chitterlings. But data collected at one hospital in 1996 showed that yearly winter peaks of cases continued despite the WIC-based intervention.

Strong cultural traditions surround the preparation of chitterlings, with holiday preparation recipes passed down through the generations. A potential barrier to changing chitterlings preparation behavior was the fear that boiling would "boil in the dirt" and affect the taste. A taste test showed that not to be the case.

*The Social Marketing Strengths at a Glance matrix reflects an informal appraisal of the degree to which each principle of marketing was applied, described or addressed in this case. Each principle was scored on a scale from 1-3 with 3 representing a strong degree of applying, describing or addressing that principle, and a 1 equivalent to weakly applying, addressing, or describing a specific principle. Audience and behavior were scored with an x because a behavior was defined or an audience was described.

The alternative behavior, fixing chitterlings the way women always did it before, despite knowing the health risks for infants, was dealt with by collaborating with the Office of Minority Affairs to assure that community grandmothers would be acknowledged as the sources of the intervention. Their modeling of how to pre-boil chitterlings was thought to make the new preparation method easier to accept within the community.

Target Audience(s)

The primary target audience was women who prepare chitterlings—older African-American women who, as grandmothers, are often also caregivers for infants.

Secondary audiences were identified as community leaders/gatekeepers such as pastors and church leaders, retail grocery associations, chain grocery stores, major pediatric hospitals and health care providers.

Target Behavior(s)

Two preparation methods with potential for preventing disease transmission were identified and showed a significant reduction in bacterial presence:

- Wash chitterlings in low concentration of bleach-water during the 6-8 hours of cleaning
- Briefly pre-boil chitterlings before cleaning

It was difficult to maintain perfect hygiene while washing chitterlings in bleach and water. Pre-boiling chitterlings offered the advantage of making them easier and faster to clean and subsequent taste tests showed that pre-boiling did not affect the taste appeal. The behavior intervention selected was summarized in the instruction: "Pre-boil your chitterlings for five minutes before cleaning and cooking as usual."

Product, Price, Promotion and Place

The authors summarized the marketing mix in the chart on the following page.

Evaluation

Formative Evaluation

Research included literature reviews, community focus groups and interviews. Phone and personal interviews were conducted with pork producers and food safety experts at the United States Department of Agriculture (USDA), Food and Drug Administration (FDA), and Centers for Disease Control and Prevention (CDC).

Focus groups and interviews were conducted at a retirement center, a clinic waiting room, grocery store and churches. After being informed about the annual outbreak and findings from the literature review, focus groups discussed two questions: "How do you think the bacteria are being transmitted to the small babies?" and "What could we do to prevent this transmission?"

The women themselves identified hygiene breaks, either during refrigeration or during the long hours of cleaning the chitterlings, as the likely method of trans-

Marketing Mix

Target Population	Product	Price	Promotion	Place
Chitterlings preparers Primarily older African-American women in metro Atlanta	**Messages** Pre-boil chitterlings before cleaning	**Perceived Barriers** Change from traditional technique; Perceived change in taste; Extra 5 minutes of up-front work; **Perceived Benefit** Community ownership as source of technique; Taste test showed no change in taste; Faster/easier overall; Safer for children; Child care issues avoided	**Cartoon & flyers** **Flyer/bulletin insert** Short read: problem and community solution **Brochure** Full info for interested readers News release **Public service announcements (PSAs)** **Newspaper articles** **Radio talk shows** **TV news spots** Focus on new problem with a simple solution	**Grocery stores** Point of sale reaching chitterlings purchasers **Churches** Targets church goers Churches trusted source **Health care providers** Physicians, hospitals, county clinics, WIC waiting rooms **Media** Targeted: gospel station talk show
Community leaders, gatekeepers Heterogeneous group having authority to allow dissemination of information	Encourage message dissemination to target group within their spheres of influence	**Perceived barriers**: Extra work; Potential political or economic repercussion; **Perceived benefits:** Image of promoting safety of children; DHR did most of follow-up work	Cover letters for each sub-group; News release; Medical fact sheets; Samples of brochures; Can evaluate what they are asked to distribute; Presentation in person/phone to address questions	**Grocers' association and large chains** Point of sale distribution **Church associations** Posting, pulpit announcements, bulletin inserts **Media** Timely awareness of preventable health problem
Health care providers Physicians County clinic nurses WIC nutritionists Hospital infection control nurses and epidemiologists	Take exposure history and culture for YE in appropriate cases; Disseminate prevention message	**Perceived barriers:** Requires awareness and asking about chitterling exposure; Extra cultures and cost; **Perceived benefits:** Correct diagnosis YE; Earlier treatment YE: Simple prevention message	Cover letter; Medical fact sheets; News release; Samples of brochures and flyers; Distribution to patients; Presentations; In person/phone to address questions	Work place/office; State epidemiologist; Research investigator; Emphasis on new, well-documented medical information and timeliness of prevention issues

mission to children. Both interventions were evaluated in home cleaning and cooking trials and laboratory studies. Barriers to acceptance of the interventions were assessed via follow-up phone interviews.

Process Evaluation

Project objectives were met. New microbiological and behavioral information was obtained on transmission and potential interventions. The key messages addressed specific barriers and benefits and were liked by the primary target audience. Implementation was widespread and accomplished at low cost, despite the three-month time frame for assessment, design and late market penetration. Feedback from target audiences was anecdotal. Gatekeepers and health care professionals for the most part approved and helped distribute information. Several locations requested extra copies of literature.

Impact/Outcomes

It was expected that health care providers would increase their efforts to find and diagnose cases of diarrhea in response to the messages targeted for them and there would be an apparent increase of cases reported. Compared to the previous year, the number of cases prior to the intervention effect was slightly higher, especially around Thanksgiving. Post intervention, however, there was no Christmas peak as there had been the previous year. The number of cases in the year of the project (11) was lower than the same weeks the previous year (16) despite increased surveillance. While the changes were not statistically significant, they were suggestive of some intervention effect.

Program Cost

"Implementation of the intervention was widespread and done at low cost… "A variety of print materials (flyer, bulletin, brochure, fact sheet, cartoon stickers) were developed and distributed through local grocery stores, churches, and social groups. Mass media messages (talk shows, TV news and PSAs) also carried a large portion of the promotion load.

Comment

This case demonstrates the practical wisdom of applying social marketing strategies to health challenges. Although the project was relatively inexpensive, it achieved notable results because of careful attention to the needs, wants, attitudes and habits of the target audiences. One note: the fact that members of target audiences "like" an intervention or behavioral product does not always ensure adoption. Satisfactory responses sometimes occur whether people state that they like something or not.

The short time between project start up and the actual interventions may have impaired the results somewhat, but the realities of public health are not always conveniently situated in a health department or marketers' calendar.

From *Social Marketing and Public Health: Lessons from the Field*, a Guide to Social Marketing from the Turning Point National Excellence Collaborative on Social Marketing. (in press)

Factors that Determine Behavior

External

- Policies
- Access
- Skills
- Actual Consequences
- Cultural Beliefs and Values

Internal

- Knowledge and Beliefs
- Attitudes
- Perceived Risk
- Perceived Consequences
- Self Efficacy

(Note: External factors are easier to change than internal factors.)

Source: "Focusing in the Behavior in "Behavior Change." John Strand and Julia Rosenbaum. 9th Social Marketing in Public Health Conference, Clearwater Beach, FL. June, 1999.

Section 2. Case Study: Reducing Domestic Violence

Instructions on Using the Case Study

The materials in this section can assist you in conducting a facilitated training on how to use social marketing to address the public health implications of domestic violence. This training will work well with a large or small group of people—sufficient people are needed so that two to three people can work together in representing each of the four audience profiles included. The exercise needs about an hour to complete. Facilitators are needed to assist each of the four groups.

Instructions for the Audience on the Social Marketing Case Study: Reducing Domestic Violence

This exercise is designed to help broaden your social marketing perspective. We are going to read an overview of a social marketing challenge. As with any social issue, perspectives and solutions change based upon a person's role and level of involvement. Therefore, after reading the overview, we will divide into smaller groups with each group representing a specific target audience. Each group will have about 30 minutes to outline a social marketing approach aimed at changing behaviors among your target audience. Facilitators will be available during this workshop to answer questions. Each group should appoint a spokesperson who will share your group's approach with everyone at the close of the exercise.

Please take a few minutes to read the Social Marketing Case Study Overview: Reducing Domestic Violence.

Before we break into smaller groups:

Q. What is the public health problem outlined in the case study?
A. Health problems from domestic violence.

Q. What is the overall public health goal?
A. To reduce domestic violence by motivating perpetrators and potential perpetrators to voluntarily attend counseling programs.

Q. How will the success of your social marketing approach be measured?
A. Measure the number of perpetrators who voluntarily enter treatment and through tracking of ER visits due to intimate partner violence.

Although these elements are common to each of our target audiences, your group's social marketing plan will differ based on the perspective of your assigned target audience of:

1. Perpetrators
2. Victims & families
3. Businesses & workplaces
4. Law enforcement

[DIVIDE INTO SMALL GROUPS FOR EXERCISE]

To familiarize yourselves with the concept, take a moment to read through the Social Marketing Planning Outline and the Plan Summary section.

Keep in mind:

- There are no "correct answers." This is merely an exercise to acquaint you with the general concept of social marketing.
- While there are many target audiences, four have been chosen for the purpose of this exercise. Each target audience has the potential to change behavior that will help reduce hospital and ER visits resulting from domestic violence.
- Depending on your assigned target audience, you may be working on a systems change or an individual change.
- As you work, be thinking about the exchanges. What is the target audience to do? What will best enable them to do it?
- Think about possible competition and/or barriers to the behavior you wish to promote. Elements such as socio-economics, gender, language and age can be possible challenges to a successful social marketing plan.
- Concentrate on changing behavior as well as attitudes.
- Remember to appoint a spokesperson for your group. Also, you may want to appoint a time-keeper to help keep yourselves on track for the end of the exercise.

[REPORT BACK SEGMENT]

Use examples from each group's work to emphasize key concepts of social marketing.

Final Question:

Q. How do we know which plans and approaches are worth pursuing?
A. Field testing and focus groups.

Social Marketing Case Study Overview and Audience Profiles

Background

It is estimated that each year in the United States, 4 million women experience a serious assault by their partner. While intimate partner violence also involves female-to-male and same sex partner violence, male-to-female partner violence occurs more frequently and with far more serious consequences in terms of injury and death. Violence against women by their partners not only has major consequences for the physical and mental health of the women, but there are also major consequences for children and other family members.

In recent years, your city has seen a trend toward increased intimate partner violence. Members of the healthcare community have formed a collaborative. First, the collaborative conducted a successful public education program to increase awareness that domestic violence is a crime. While this program was helpful, it did not remove the fear some women experience in terms of the man reappearing some time, some place, often with tragic consequences. Furthermore, many women do not want to leave the relationship; they simply want the violence to stop.

Concerns reached a new high in this community of 250,000 people when a mother of three young children was murdered last year. The woman's ex-husband had entered her workplace and opened fire, killing the woman and injuring two co-workers before taking his own life. The woman had made repeated attempts through law enforcement to prevent her ex-husband from injuring, threatening and harassing her.

Now, the collaborative has received a grant of $200,000 for a social marketing program to reduce intimate partner violence in the community. Today, as a member of the collaborative, your creativity is needed to develop ideas and a rationale for a social marketing-based intervention.

The first public health goal is to reduce domestic violence by motivating perpetrators and potential perpetrators to voluntarily attend counseling programs. A secondary benefit of this goal is that it may reduce fear among women victims (and their children). Success will be measured by tracking emergency room visits due to intimate partner violence.

In this exercise, your group is assigned to choose *one* of four possible target audiences:

1) Victims and families;

2) Perpetrators;

3) Businesses and workplaces;

4) Policy and regulatory agency: the Police Department.

Use the Social Marketing Planning Outline to guide your work. Good luck!

This case study borrows heavily from one written by Robert J. Donovan at the University of Western Australia. The Social Marketing Planning Outline is based on similar work from the Centers for Disease Control and Prevention.

Social Marketing Planning Outline

Consider the following as you plan your social marketing program:

Audience: ***Supplied for you today.*** Describe your audience in as much detail as possible; consider demographics, geographic factors, behaviors, and other factors that influence the desired behavior.

Behavior Goal: Describe the target behavior as specifically as you can. Write a measurable objective. Be sure that the behavior is linked to your public health goal.

Key Influencing Factors: Describe the factors that the research and literature show are either causal or related to the behavior. State them in reference to the target audience.

Exchange: Describe a value that the audience holds (time, money, popularity, love, personal ethics, respect, etc.) that could potentially be met by the new behavior.

Competition: Describe any competing behaviors and the values they fulfill.

Potential Intervention Elements: Review and explore any interventions that have influenced these specific factors or this specific audience in the past.

Summarize Your Plan

In order to help [name of your target audience]:

_____

to [describe a specific behavior that will contribute to your public health goal]:

_____

our program will focus on [a few key factors that influence the behavior above]:

_____

_____

_____

_____

through specific interventions such as:

_____

_____

_____

paying close attention to a critical audience exchange, such as:

_____

_____

_____

and by considering competitive behaviors and the benefit(s) they provide, such as:

_____

_____

_____

_____

Social Marketing Profile: Victims and Families

It is estimated that about 7,500 women residing in or around the target community have been victims of domestic abuse. The vast majority of reported cases have been among women aged 20 to 40 years old, with children living at home.

Just under half of the victims are still living with the offender for reasons ranging from wanting to maintain the relationship to feeling that they cannot afford to move. While most are high school graduates, only a small number have college degrees. Slightly more than half live in the rural area surrounding the community. About half of the victims work outside the home, with the most common jobs being retail clerks, nurse's aides, and various manufacturing positions.

Most of the women are aware that there are programs where abusive men can get help. However, many don't know much about the program that operates in town—what the program does or how to contact it. Most also don't know that the local counseling program for abusers now has a program for victims. One component of the victims program builds skills that they can use in encouraging their partners to get help.

Many victims are not sure that going to this kind of program would actually help their partner. Additionally, many fear that their partner will react violently if they ask them to get help. Most victims don't want their spouse/partner jailed, fearing the impact that this would have on their economic status.

Television is a major source of information and entertainment for most people in the community. Many of the victims watch daytime television, particularly talk shows and soap operas. Most residents shop at the town's two largest stores—Sears and Wal-Mart—and subscribe to the local weekly newspaper. Most parents, including the victims, pay close attention to materials that are sent home from school with their children.

Virtually all the victims place a high value on family and home life, and are concerned about the impact that the abuse is having on their children. They very much want to create a safe, happy home environment for their families. The majority of victims grew up in the area, and most have extended family in the area.

Social Marketing Profile: Perpetrators

Based on national research that indicates that at least three out of every 100 men assaulted their female partners during the preceding 12 months, it is estimated that there are approximately 7,500 male batterers residing in or around the town. Approximately two-thirds of these perpetrators of domestic abuse are between the ages of 23 and 41 years. The racial/ethnic make-up of the group generally reflects that of the metropolitan area. More than half of the men have been arrested at least once. About 40% of those have been arrested at least once on charges of spousal abuse.

A little more than half of these men currently live alone. Those who do live with partners are more likely to be married (60%) to their partners than not (41%). Men who are living with partners are more likely to have children living with them.

About 75% of the group have completed high school. Half report having at least "some college." Nearly two-thirds of the men are employed full time, two-thirds are blue colla,r and one-third are professionals, administrators, or managers. Of the remainder, 20% are employed part time, while 16% are unemployed.

Approximately half the men report heavy drinking in the past three months. One-third claims that they seldom use alcohol. Twenty-six percent of the men acknowledge participation in alcohol or drug treatment programs in the past. Nine percent of the men have identified themselves as recovering alcoholics. Battering may be related to alcohol, but it does not cause the behavior. Many batterers are abusive with or without alcohol and will continue patterns of abuse even after "drying out."

Abusers tend to deny that there is a problem, and refuse to accept responsibility for their behavior. Less than 10 percent of the men admit to exhibiting controlling behaviors in the past three months. Only 29% admit to making threats of harm to their partners. More than half insist that their first assault was only recent, while nearly one-third admit that their first incident was more than three years ago. The vast majority of these men (85%) do not believe that they will be violent again. However, research has shown that between 50% and 75% of male batterers fail to complete court-ordered treatment programs.

Research has shown that, as a group, batterers are preoccupied with machismo. They feel a need to dominate women and expect acquiescence as their right and privilege.

The majority of male batterers have experienced or witnessed childhood violence that has left them with low self-esteem, poor role models and sometimes traumatized. Experiencing or witnessing violence in the home are the most common risk factors for battering.

Fearing failure, these men have difficulty with intimate relationships. They are usually socially isolated with no close relationships. Batterers may repeat battering in any intimate relationship; wives/partners are not their only victims. They are more inclined to try to resolve problems and emotions through violence.

The batterer exhibits distinctive symptoms: depression; suicidal acts; secretiveness; and a martyr complex.

Social Marketing Profile: Businesses and Workplaces

Approximately 116,000 residents of the community and its neighboring communities are employed, with about 70 percent (81,000) working in the services sector—primarily retail and health services—while the remaining 35,000 are employed in manufacturing.

- Most retail workers are employed at smaller stores in or around the Mall of MidAmerica, which draws shoppers from communities within a sixty-mile radius. Several major retailers—Wal-Mart, Kmart and Meijers—have constructed "superstores" that employ 150 or more workers and remain open 24 hours a day. Other large retail employers are Sears, Target, and JCPenney.
- A medical center affiliated with the university, Community Hospital, St. John's Hospital, thirteen area nursing homes, and a number of medical practices serve the residents and surrounding communities.
- Most manufacturing workers in the area are employed by an electronics company. In late 1999, the company moved from the center of the city to become the first (and currently sole) occupant of a new industrial complex three miles south of the residential borders of town.

In April of 2000, the town was rocked by the murder of one of the company's employees, a young mother of three, who was gunned down by her estranged husband as she was clocking out from her evening shift. Two of her co-workers were seriously injured before the perpetrator, a former shift foreman, turned the gun on himself and committed suicide. The management was stunned. Although they understood the industrial park was remote, they had considered their complex safe and their workers protected by the three security guards they employed during the evening shift. The company has no Employee Assistance Program, so its Human Resources Director reached out to the collaborative in the aftermath of the shootings, and the collaborative assisted the company in securing counseling services for employees.

Since the murder, the company has had great difficulty in attracting and retaining workers for its second shift. A rash of evening car thefts at the industrial park, which were widely reported in the newspaper, has not been encouraging to new applicants. The firm is acting to increase parking lot security and recently hired a retired police officer on its security staff.

The Chamber of Commerce has an active membership that includes all major sectors of employment.

Many area businesses are all active members and also serve on the Chamber's Economic Development Council (EDC), which is actively pursuing firms to relocate to the fledgling industrial park. A recent member survey identified concerns for the coming decade in the following rank order:

- Community infrastructure to support expanding operations
- Curtailing employee benefits costs (especially health care)
- Maintaining or increasing profits
- Expanding customer base
- Attracting and maintaining competent employees
- Developing a positive public image in the community

The Chamber and EDC have strong ties to the community college, the university, the local United Way affiliate, and the ministerial association. Several leadership training institutes and corporate giving initiatives have been coordinated through the Chamber's efforts.

Last month, the newspaper ran a series of articles that described the recent upsurge in domestic violence reports within the community and focused on the Evergreen tragedy of a year ago. The series cited some startling national statistics about the workplace impacts of domestic violence from the Family Violence Prevention Fund web site (www.fvpf.org):

- Domestic violence results in hundreds of millions of dollars in health care costs in the U.S., much of which is paid for by employer benefits. (Pennsylvania Blue Shield Institute, *Social Problems and Rising Health Care Costs in Pennsylvania*, 1992, pp. 3-5.)
- American employees miss 175,000 days per year of paid work due to domestic violence. (*Family Violence*, Richard Gelles, Sage Publications, Newbury Park, 1987, p. 13.)
- Seventy-one percent (71%) of human resources and security personnel surveyed had an incident of domestic violence occurring on company property. (Isaac, Nancy E., Sc. D., *Corporate Sector Response to Domestic Violence*, Cambridge, Massachusetts: Harvard University School of Public Health, 1997.)
- Ninety-four percent (94%) of corporate security directors rank domestic violence as a high security problem at their company. (National Safe Workplace Institute survey, as cited in Solomon, Charlene Marmer, "Talking Frankly About Domestic Violence," *Personnel Journal*, April 1995, p. 64.)

At last week's meeting, the EDC chair circulated copies of this series and a representative of the collaborative was invited to join the ensuing discussion. A few members felt domestic violence was too controversial an issue to address in the work setting. A representative from the electronics company provided a compelling description of the aftermath of the incident, including impacts on productivity, absenteeism, recruitment and retention. Other issues, such as public perception, legal liability, and increased security costs were also discussed. The hospitals and 24-hour retailers were particularly interested in impacts on employee recruitment and retention for evening and overnight shifts. Several members expressed concerns about the negative impression that the newspaper series would leave with prospects that the EDC was trying to attract to the industrial park.

Social Marketing Profile: The Local Police Department

The police department is dedicated to addressing crime in this community. The diversity of the community is represented by this agency's committed officers and staff. The recent shooting of a young woman by her ex-husband who entered her workplace and opened fire, killing her and injuring two co-workers before taking his own life has left the police department shaken and looking for ways to address this issue.

The department considers domestic violence one of the most dangerous situations that they deal with on a daily basis. This is due to the various forms this type of violence can take and the deep emotional and physical scars that it inflicts. The Chief of Police has expressed concerns about domestic violence in the community, but is frustrated with the cycle of arrest, release, and re-arrest that he has encountered with domestic violence victims and perpetrators. Although he has encouraged area policemen to work diligently on the issue, he is growing apathetic towards victims that take back abusers and towards a system that does not punish perpetrators to the fullest degree of the law.

The department has undergone numerous educational seminars on intimate partner violence and both recognizing and understanding the stages of abuse for both victims and abusers. The Chief of Police realizes that if something is not done soon to help victims and abusers that he may be facing a never-ending cycle with more deaths as a result of domestic violence. Furthermore, he is not the only one in the department that is frustrated with this cycle. A recent meeting with the area policemen found that over half of the policemen feel powerless to address this issue. One policemen stated, "We can overcrowd the jails with them (abusers), but when they get out, which is usually in a couple of days at most, they are sure to return to the same old lifestyle. So, what can I do to change that?" Others in the department feel that domestic violence is preventable, but do not know how to be involved in the prevention process. One member of the police force commented that, "If we can get abusers to deal with their anger prior to the first act of violence, then we have a chance to prevent domestic violence in our community."

Despite the department's realization that domestic violence can be addressed through a series of channels, they continue to struggle with how to prevent domestic violence and how to effectively treat both victims and abusers. Clearly there is a need to offer something innovative to this sector.

Background Article

Targeting Male Perpetrators Of Intimate Partner Violence: Western Australia's *Freedom From Fear* Campaign

By Robert J Donovan, Graduate School of Management & Department of Public Health, University of Western Australia, email: rdonovan@ecel.uwa.edu.au, and Donna Paterson, Domestic Violence Prevention Unit, Women's Policy and Development Office, Government of Western Australia

Abstract

Violence against women by their partners is now recognised as a major international public health problem, in both developed and developing countries. For example, it is estimated that each year in the United States, 4 million women experience a serious assault by their partner and that the victim-related economic cost of partner violence is estimated to be in the vicinity of $67 billion. Traditional domestic violence campaigns focus on legal threats and sanctions in an attempt to stop men from being violent. While the incarceration of violent men and the issuing of protection orders are necessary components of domestic violence prevention interventions, they do not - and cannot - remove the fear women experience in terms of the man reappearing some time, some place, often with tragic consequences. Furthermore, many women do not want to leave the relationship, nor do they want the man incarcerated; they simply want the violence to stop. The Western Australian '*Freedom From Fear'* campaign is an innovative social marketing initiative that acknowledges these factors and aims to reduce women's (and children's) fear by motivating perpetrators and potential perpetrators to *voluntarily* attend counselling programs.

This paper describes the development, implementation and first results of the Western Australian domestic violence prevention *Freedom From Fear* campaign. In its first phase, given the nature of the primary target audience (violent men accepting of their need to change; potentially violent men), the campaign essentially used a 'pull' strategy. Mass media advertising was used to create and maintain awareness amongst the primary target audience of a 'Men's Domestic Violence Helpline', and to encourage such men to call the Helpline. The Helpline was staffed by specifically trained counsellors who were able to assess callers and to conduct lengthy telephone counselling with members of the primary target audience. The primary aim of the Helpline counsellors was to refer as many as possible qualified callers into no-fee government-funded counselling programs provided primarily by private sector organisations.

In the first seven months of the campaign, awareness amongst adult males in the general population of a telephone counselling service for violent or potentially violent men increased from 20% prior to the campaign, to 43% after four weeks and 69% after seven months. Furthermore, 1,385 members of the primary target group called the Helpline, 867 of whom were self-identified perpetrators, almost half of whom accepted a referral to a counselling program. The campaign results endorse the efficacy of promoting a telephone helpline with assurances of anonymity as a way of encouraging perpetrators to voluntarily enter counselling programs, and hence as an effective strategy for the prevention of domestic violence.

Introduction

It is estimated that each year in the United States, 4 million women experience a serious assault by their partner (APS Observer 1997). While intimate partner violence also involves female-to-male partner violence (and same sex partner violence as well), male-to-female partner violence occurs more frequently and with far more serious consequences in terms of injury and death (Sorenson, Upchurch and Shen 1996). Violence against women by their partners not only has major consequences for the physical and mental health of the women (Koss and Heslet 1992; Roberts, Lawrence, Williams and Raphael 1998), but there are also major consequences for children and other family members (Gomel 1997). Victim-related economic cost of partner violence in the US has been estimated to be in the vicinity of $67 billion. However, the costs of such violence cannot be calculated simply in terms of emergency ward treatments, hospital bed nights, refugee home placements, lives lost in homicides and suicides, and so on. There also are enormous costs in terms of children's lost happiness and subsequent dysfunctional behaviors. Incarceration costs for convicted perpetrators also must be taken into account.

While usually attracting little sympathy, violent men also suffer psychologically via guilt and remorse, feelings of helplessness, anxiety and depression, often resulting in suicide (or murder-suicides). Furthermore, many violent men have themselves been the victims of violence when young, either directly or via exposure to parental violence (Hotaling and Sugarman 1986). It is evident that not only individuals, but society in general has much to gain from a reduction in violence towards women by their intimate male partners (and ex-partners), and violence against women by their partners is now recognised as a major international public health problem, in both developed and developing countries (Davidson 1996; WHO 1997).

Estimates of the prevalence of domestic violence against women vary widely because of definitional and response issues (Feder 1999; Gendall 1998; Hegarty and Roberts 1998). In a 1993 Canadian survey, 3% of women in a relationship reported a physical or sexual assault in the 12 months prior to interview; in a 1996 survey in Australia, 2.6% of women in a relationship reported a violent incident in the 12 months prior to the survey; while in the UK it has been estimated that systematic violence occurs in 5% of marriages. In the US, using the Conflict Tactics Scale, 12% of husbands in a 1985 survey reported at least one physical assault on their wife and 3.4% reported at least one act of severe violence (Tomison and Wolcott 1998). Using both-partner responses to the Conflict Tactics Scale, Schafer, Caetano and Clark (1998) reported lower- and upper-bound rates of male-to-female violence of 5.2% and 13.6%. By whatever measure, it is clear that male-to-female intimate partner violence is a major public health and community wellbeing issue (Davidson 1996).

Interventions

Most programs aimed at a reduction of abuse have been based around the criminal justice system, targeting both Police and the judiciary. A feature of many current approaches is that women no longer have to lodge a complaint before Police can charge the perpetrator with assault (thus removing one of the major barriers to women reporting incidents), while a major target with the judiciary has been to obtain mandatory treatment programs for offenders (Healey and Smith 1998). Where public education components have accompanied such campaigns, these have aimed at increasing the public's (and perpetrators') perception that domestic violence is a crime (Buchanan 1996). Such campaigns generally encourage women to report incidents, and, where necessary, to leave the family home and to take out civil protection (or 'restraining') orders against

violent partners.

Many of these campaigns have reported some success, and particularly with respect to serious assault and homicide and increases in protection orders (e.g., see Boyle 1998). However, with the exception of the international award winning New Zealand Police intervention, which included a major mass media based public education component (New Zealand Police 1995; Taylor 1997), their impact on less serious assault is probably minor, and on verbal or emotional abuse, probably even less, although attitudinal changes considered precursors or facilitators/enablers of domestic violence may have changed in a positive direction.

While the incarceration of violent men and the issuing of protection orders are necessary components of domestic violence prevention interventions, and do alleviate some violence (Keilitz, Davis, Efkeman et al. 1998), they do not—and cannot—remove the fear women experience in terms of the man reappearing some time, some place, often with tragic consequences. Furthermore, many women do not want to leave the relationship, nor do they want the man incarcerated; they simply want the violence to stop. The Western Australian '*Freedom From Fear'* campaign acknowledges these factors and aims to reduce women's (and children's) fear by stimulating perpetrators and potential perpetrators to *voluntarily* attend counselling (or 'batterer') programs.

The Western Australian 'Freedom From Fear' Campaign

The Western Australian '*Freedom From Fear'* campaign is a ten-year community education program complementing criminal justice and other community interventions. As far as we are aware, this campaign is a unique initiative, being the first non-punitive campaign focussing primarily on perpetrators of domestic violence, asking them to voluntarily seek help to change their violent ways. The logic is that if violent men voluntarily change their violent behavior, this will not only reduce the incidence of violence, but reduce the fear felt by their women partners (and children). There will therefore be substantial benefits to mental and physical health for all parties.

Campaign Goals and Strategy: The Social Marketing Context

The overall goals of the campaign are the reduction of violence against women by male partners and, consequently, increased physical and mental health amongst victims. Consistent with Andreasen's (1995) definition of social marketing, the campaign aims to achieve the goal of reduced violence by *voluntary* behavior change amongst male perpetrators, and the prevention of first and subsequent acts of violence amongst potential perpetrators. Figure 1 summarises the overall campaign strategy. In its first phase, given the nature of the primary target audience (men accepting of their need to change; see below), the campaign essentially used a 'pull' strategy (Kotler, Armstrong, Brown et al 1998): mass media advertising (**p**romotion) was used to create and maintain awareness amongst the primary target audience of a 'Men's Domestic Violence Helpline' (**p**roduct), and to encourage such men to call the Helpline. The Helpline was staffed by counsellors (**p**eople) specifically trained to deal with violent men, who were able to assess callers and to conduct lengthy telephone counselling (**p**roduct) with members of the primary target audience. The primary aim of the Helpline counsellors was to refer as many as possible qualified callers into no-fee government-funded (**p**rice) counselling programs provided primarily by private sector organisations in 12 locations throughout the state (**p**lace). Although results vary, counselling programs have been found to be effective in reducing violence (Davis and Taylor 1999; Healey, Smith and O'Sullivan 1998).

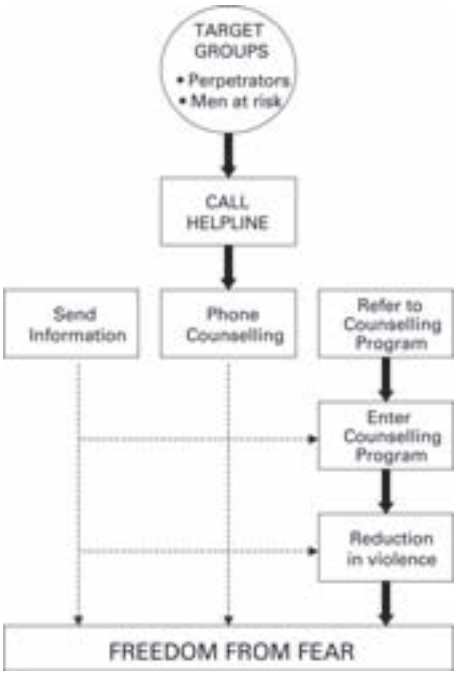
In the social marketing context, the following description indicates the 'four P's' of tangible product marketing, and the fifth 'P' (people; Cowell 1984) for services marketing.

Product: The 'core' product, that is, the end-benefit being offered to violent men in relationships, was the opportunity to keep their relationship (family) intact by ending the violence towards their partner (and its impact on children).

"Actual" products (and services) were:

- The primary end-product consisted of Counselling ('batterer') Programs delivered by private service providers, subsidised by the government. Prior to the campaign launch, there were few such programs available, and mostly attended by men under court orders. Six new perpetrator and five new victim/children's counselling programs were funded by the state government. These new services were mostly located in rural centres.
- Another major product was the telephone counselling helpline (The Men's Domestic Violence Helpline), staffed by trained counsellors who offered counselling over the phone (many calls 45-60mins) and attempted to get violent callers into batterer programs ('referrals'). The Helpline was a new product. Prior to this campaign there was no Helpline specifically for 'batterers' who voluntarily sought help, nor were counselling programs promoted. If the caller could not be encouraged to accept referral—which required the caller to provide contact details for forwarding to the service provider, the telephone counsellors delivered counselling over the phone. A further aim was to engage the callers sufficiently so as to obtain permission to send—at no cost—educational self-help materials to an address nominated by the caller, and to encourage callers to call again when in need if they were reluctant or not able to enrol in a counselling program.
- Self-help booklets provided tips on how to control violence and how to contact service providers. These self-help booklets were also provided on audio-cassettes.

Figure 1: Campaign overview



People: The telephone counsellors were men who had considerable skills training and experience in dealing with violent men. These counsellors were able to gain the trust of men, 'listen' to their stories, assess level of denial and minimisation, yet confront men with these aspects of their behaviour and undertake counselling and encourage them into programs. Anonymity was assured and there was no pressure on men to disclose their name. The Helpline advertising was not 'branded' to the police department as many campaigns are, and the content of the advertising was clearly non-punitive and communicated the simple clear message that help was available to violent (and potentially violent) men. All of these factors served to assure anonymity and a non-threatening response to callers from the telephone counsellors. Further **p**eople issues are discussed below.

Promotion: The primary medium for reaching violent and potentially violent men was television advertising (especially in sporting programs), supported by radio advertising and posters. Extensive formative research was undertaken to ensure acceptance of the ad messages by the target group without negatively impacting victims/children and relevant stakeholders. There was minor **p**ublicity of individual cases (willing to be photographed) who had undergone counselling.

Extensive Public Relations activities were undertaken with a number of relevant stakeholders, especially a range of women's groups, police, counselling professions and other government departments. This involved repeated visits to these organisations and continually updating them on campaign developments. Further stakeholder issues are discussed below.

A number of publications (**p**roduct) were prepared both for professionals, employers, victims and for the primary target audience. Various of these were combined into Campaign Information Packs for distribution to worksites (**p**romotion channel) with the assistance of a number of Trade Unions. The campaign information packs were distributed by mail. Many worksites now offer various health and other counselling services to their workforce. The main aim in phase one was to distribute posters advertising the Helpline to worksites and to alert the relevant worksite professionals (usually the Occupational Health and Safety Officer or Human Resources Manager) about the campaign, so as to sensitise these persons to phase two initiatives of including the domestic violence counselling programs in the worksite offerings.

The campaign's advertising and publications avoided threats of imprisonment and other legal sanctions, and instead focussed on arousing feelings of guilt and remorse already felt by the primary target audience, and specifically by emphasizing the effects of domestic violence on children.

Price: With respect to dollar costs, although domestic violence occurs across all income levels, preliminary investigations and service-provider experience suggested that fees for courses and materials could serve as a barrier (or be rationalised as such) for many members of the primary target audience. Hence, all materials and most counselling programs were to be provided at no cost to participants who were referred through the Helpline. This pricing strategy was also considered more equitable to ensure that *victims* of low income perpetrators would not be disadvantaged by their partner's limited income.

With respect to other costs, because there are legal implications for disclosing violence—and potential shame and embarrassment, the Helpline assured anonymity and the counsellors were trained to deal with these issues and feelings. It is this need for anonymity that required the strategy of the Helpline as the first point of contact for these men, with mass media advertising creating awareness and motivating contact.

Place: Service providers were located throughout the Metropolitan area and in six regional areas throughout the state. Counselling Program access was therefore limited in rural and remote areas. Programs were time scheduled to allow employed males access in non-working hours. It is acknowledged that access to programs (but not to telephone counselling) was geographically limited outside major population centres. Following phases of the campaign will adopt distribution strategies designed to provide greater access to violence counselling service providers.

The telephone counselling and self-help booklets were especially useful for those not able to access a Counselling Program. The Helpline was staffed by counsellors during the night to provide maximal access.

Campaign Target Groups

The *primary* target audience was defined (and confirmed in formative research) as male perpetrators and potential perpetrators in Prochaska's contemplation, ready for action or action stages (Prochaska and DiClemente1984) with respect to doing something about their violence or potential violence. While these men may still minimise and deny (at some level or on some occasions) full responsibility for their behaviour, they are reachable through mass media because they do accept some responsibility for their behaviour. Hard core perpetrators still in a strong state of denial (Eisikovits and Buchbinder 1997) were not part of the primary target audience for this campaign. The stages of change concept has been recommended for social marketing programs (Andreasen 1995; Donovan and Owen 1994) and is being used in an evaluation of the Milwaukee Women's Center's perpetrator interventions (National Center for Injury Prevention and Control 1999). Potential perpetrators were defined as those subjecting their partner to non-physical forms of abuse (e.g., emotional abuse; financial deprivation; social isolation). There is evidence that these non-physical forms of abuse are often precursors to physical abuse. Potential perpetrators also include men with undesirable attitudes towards partner abuse (e.g., believed violence by the male partner was justified or often provoked in certain situations). Perpetrator and potential perpetrator members of the primary target audience are aware that their behavior is wrong and are open to the suggestion that they should seek assistance. However, not unexpectedly, perpetrators are resistant to seeking assistance that might result in legal sanctions. Hence the strategy of the anonymity of a telephone contact to first engage these men, and the crucial role then played by the telephone counsellors in being able to establish rapport and build sufficient trust to have as many as possible accept referral to a counselling program. The *secondary* target audience consisted of 'all other 18-40 year old males'.

A third target group consisted of those individuals who might encourage the primary target audience to seek assistance: victims, family members, friends and professionals with whom they might come in contact (e.g., lawyers, doctors, nurses, Police Officers, counsellors). Finally, the campaign targeted all members of the community in terms of maintaining the salience of domestic violence as a community concern, and in terms of reinforcing men not engaged in violent behaviour.

Communication and Behavioral Objectives

For all audiences, the primary *communication* objectives of the promotional materials were that: (a) the perpetrator, not the victim, is responsible for the violence; and (b) that there are no circumstances in which violence is justified.

Amongst members of the primary and secondary target groups, the main communication objectives were to increase awareness that non-punitive, anonymous help was available and to stimulate motivations and intentions to seek help. The intermediate behavioral objective was that they should call the Helpline for assistance, or seek assistance from some credible source. The final behavioral objectives - particularly following counselling - were a reduction in violent incidents - both physical and verbal - amongst perpetrators, and the prevention of violence amongst potentials.

Campaign Development, Execution and Delivery Considerations

Helpline Staffing Issues

Training of the Helpline telephone counsellors and adequate staffing of service providers was crucial to the success of the campaign. Helpline staff face a very complex and delicate 'sales' interaction given the legal and social sanctions that accompany domestic violence. A common feature of callers is extensive internal approach-avoidance conflict and the desire to retain anonymity. Hence skilful techniques are needed to gain the caller's trust sufficiently to engage the caller long enough for a meaningful counselling session, to obtain an address for materials, and to get to the referral stage. Skilled techniques unique to men's domestic violence counselling are required to assess the level of denial and minimisation and to work through issues such as 'primary aggressor' when the man presents with his story.

Another issue is that the decision to make a call requires some 'courage' on the part of the caller, with the act of calling often following a period of indecision. Hence, it was important that sufficient staff were always on hand to receive and act on calls. Putting callers on hold or asking them to call back can result in the caller losing motivation and cycling back one or more stages of change. That is, for some men, there is only a small 'window of opportunity' when the perpetrator actually makes the call, usually in the remorse phase of what is known as the 'cycle of abuse'. Counsellors also encouraged repeat calls where the caller was not willing to accept a referral.

Where the caller accepts a referral, the counsellor takes details from the caller and completes a referral form which is faxed to the appropriate service provider the same day. Service providers are required to contact callers within two days (most do so within 24 hours) to make an appointment for an assessment interview. Most callers are seen within one week. The referral process involved cooperation between two government department funders and all (competing) service providers for the system to work. This cooperation was gained only after extensive consultation and interpersonal networking.

Stakeholder Issues

Directing resources towards male perpetrator programs is generally viewed rather negatively by female victim support organisations. Hence it was crucial to gain these women's organisations—and female victims'—support for the program in principle, and then ensure their continued support for the various program materials as they were produced. This required an initial acceptance that prevention of violence via perpetrators' and potential perpetrators' voluntary entry to counselling was a legitimate and potentially very effective violence prevention strategy, and then continued updating of developments and clearing of materials with these groups prior to final production. It was required that this sector be reassured that targeting perpetrators and funding perpetrator programs was consistent with the 'feminist' model to domestic violence prevention; that is, that victim

safety is paramount and that directing services towards men must ultimately be about victim safety and freedom from fear.

There were also important ramifications for developing the campaign's advertising component. With respect to the execution of advertising and other promotional materials, while it was necessary to avoid being judgemental so as to engage the attention and acceptance of members of the target audience, it was simultaneously essential - from victims' and other stakeholders' points of view—not to be seen to condone their violence. Another important stakeholder group was the Police Service. Police were encouraged to promote perpetrators' use of the telephone counselling service when called to 'domestics', and particularly where no charges could or would be laid. From the government's (and the Domestic Violence Prevention Unit's) point of view, it was also important to create and reinforce positive community attitudes to the counselling of violent men as a legitimate domestic violence prevention strategy, (complementary to police arrest and sentencing, and mandatory referral into counselling by courts), and hence worthy of government funding.

Formative Research

Extensive formative research was undertaken (by a market research agency whose staff included registered psychologists, and by one of the authors, RJD), with members of all target audiences and with other key stakeholders in the domestic violence field.

A series of group discussions was held with 18-40 year old males in heterosexual relationships (given limited resources for research, this age group was selected as violence is more prevalent here, the age group is considered more amenable to change than older men, and the aim of prevention and cessation would have greatest long term effect with younger men). The groups were stratified by age and socioeconomic status. These groups probed men's general beliefs and attitudes about intimate partner violence (i.e., causes; definitions; awareness of and reaction to previous campaigns; etc). The groups focused on examples in their current or previous relationship(s), or their friends' and relatives' relationships, of physical or verbal/emotional abuse and situations with a high potential for abuse. Along with discussions with various service providers, the results of these groups provided the researchers with valuable preparation for the next phase of the formative research.

In the next phase, a series of group discussions was held with identified perpetrators (including convicted felons) and those identified as potential perpetrators (i.e., displayed other forms of abuse). All of these men were recruited via domestic violence service provider organisations. Most participants were undergoing mandatory programs. Their participation in the group discussions was voluntary. The overall aim of the initial group discussions was to gain a better understanding of violent men's beliefs, attitudes and behaviors with respect to domestic violence, so as to, in light of our phase one pull strategy: (a) identify and define those considered 'reachable' (i.e., those in the contemplation, ready for action, or action stages with respect to their abusive behavior); and (b) identify possible message strategies that would lead these men to take some action. Because these men were in counselling programs for various lengths of time, the groups contained a mix of men in the various stages of change. As the stages of change concept has its origins in clinical assessment, the men's statements in the groups allowed ready identification of their stage status (i.e., statements with respect to responsibility and blame; whether the violence was 'deserved'; empathy for the victim; attitude to the treatment program; etc). Particular attention was then paid to those indicating they had proceeded beyond pre-contemplation.

Various themes were tested in the groups (e.g., the threat of criminal charges; the damaging effect on the female partner; accusing violent men of cowardice/social disapproval; the effect of intimate partner violence on children; etc). The most effective motivating theme for those accepting of their need to change was the consequence of the perpetrator's behavior on children. This applied whether or not they themselves had children. Cognitive response data revealed that a likely explanation for this was that for a number of perpetrators, this theme generated memories of the respondent's childhood exposure to physical or verbal family violence. A further positive for the 'effects on children' theme was that it was accepted as true by pre-contemplator perpetrators. Hence there was the possibility that it could contribute to movement of this group towards contemplation.

These groups' findings were used to brief an advertising agency to develop advertising concepts to story board stage. Further group interviews were then undertaken with perpetrators to assess the credibility and potential effectiveness of the various concepts to motivate the target audience to take some action. In these groups, individual written reaction to the concepts was obtained prior to any group discussion of the concepts. A modified form of standard advertising pre-test questionnaires was used (Rossiter and Percy 1997). For all such groups, counsellors were on hand to assist non-literate men in completing the questionnaires and to debrief the men if domestic violence issues were raised. The concepts were also tested against various stakeholders, including representatives of ethnic groups and victims (usually individual interviews or groups of two to three).

Various advertising executions around the theme of effects on children were then filmed and tested against: (a) perpetrators (group interviews with brief questionnaire); (b) 18-40 year old males in the general population (N = 302; quantitative pre-test; intercept in downtown mall location); and (c) women victims and children from violent homes (group interviews; child psychologists observed the viewers' reactions with follow-up questioning). The use of child psychologists was particularly important in testing the ad concepts against victims and their children. It was crucial that the ads, although scheduled to be run only in 'adult time', did not trigger clinical stress symptoms in the children in particular. A important comprehension issue was that children did not interpret the ads as encouraging them to call the advertised helpline or ask their fathers to call. This may have placed the child in danger.

Apart from comprehension, credibility and motivational issues, the ads were assessed on the extent to which they appeared to be an unwarranted attack on all men and the extent to which they appeared to condone violence against women in at least some circumstances—both undesirable responses. After final filming, the finished ads were tested against a sample of general population adult males and females to assess any likelihood of a backlash against government funding for such a campaign (N = 100; quantitative pre-test; intercept in downtown mall location).

Results and Evaluation

Field Surveys of Changes in Beliefs and Attitudes

To date, three statewide random telephone surveys have been undertaken of males 18-40 years old, who were in, or intending to be in the future, a heterosexual relationship: one survey prior to the campaign (N = 359; designated 'pre' in the figures and tables); one four weeks into the campaign (N = 400; 'wave 1'); and the third seven months into the campaign (N = 385; 'wave 2'). Respondents were selected at random from a selection of lower socioeconomic suburbs within the Perth metropolitan area (to increase the proportion of potential domestic violence perpetrators within the sample), and at random within the remainder of Western Australia. The sample was generated by a combination of computer-generated random digit telephone numbers for the country numbers, and a random selection of metropolitan telephone numbers based on preselected postcode areas. The latter were compiled from Australia on Disk, which provides existing residential telephone numbers (excluding business, fax and 'silent' numbers). Three attempts were made to make an eligible contact at each telephone number before a replacement number was tried. In households where there was more than one eligible male, the one whose birthday occurred next was selected.

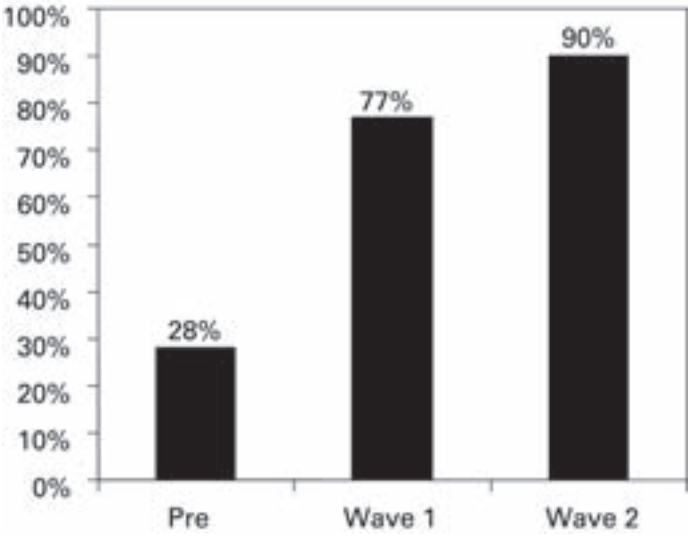
Questionnaire items measured the following: (a) advertising reach and impact (i.e., awareness of advertising (spontaneous and prompted); message take-out; attitudes towards the campaign); (b) awareness of and attitudes towards getting help (i.e., knowledge about available support services; awareness of where to telephone for help; propensity to advise others to telephone the helpline); and (c) general awareness of, attitudes towards, and professed behaviours relating to domestic violence (i.e., awareness of domestic violence as an important social issue; perceived acceptability of domestic violence under certain circumstances; propensity to commit various physical and emotional abuse behaviours). Because of some men's negative reaction to surveys implying that only men commit violence against women (i.e., ignore female to male partner violence), and to increase the likelihood of honest self-disclosure, the questionnaire also asked about female to male intimate partner violence. Questions with respect to 'ever' and current abusive behaviors allowed the samples to be subclassified as never abused (23%), ever or current emotional/verbal abusers (64%), and ever or current physically violent (12%). Hence the samples were substantially consistent with the behavioral definitions of the primary and secondary target audiences.

Wave 1 was carried out primarily to assess advertising reach and impact so that any deficiencies could be detected and rectified as soon as practicable. Wave 2 was expected to show significant changes in awareness of sources of assistance, particularly the 'Men's Domestic Violence Helpline', and was to identify any early changes in beliefs and attitudes. However, it was felt premature at this stage to expect any substantial shifts in long-term beliefs and behaviours in relation to domestic violence. Selected results from the surveys are shown below.

Program Reach

Figure 2 [*on page 65*] shows that spontaneous awareness for any advertising about domestic violence increased substantially from benchmark (28%), reaching 90% in the Wave 2 survey. Prompted recognition of the specific TV ads used showed 70% recognition in Wave 1 and 79% in Wave 2. Recognition of *any* campaign materials was 82% in Wave 1 and 91% in Wave 2.

Figure 2: Awareness of ads about domestic violence in past few months



Awareness of the (Men's Domestic Violence) Helpline

Figure 3 shows the proportion of respondents nominating a telephone helpline when asked the open-ended question 'where can violent and potentially violent men go for help?'. From a nil response prior to the campaign, 23% nominated a telephone helpline in Wave 1, which further increased to 53% in Wave 2.

Figure 3: Where violent men can go for help: Percent nominating telephone helpline

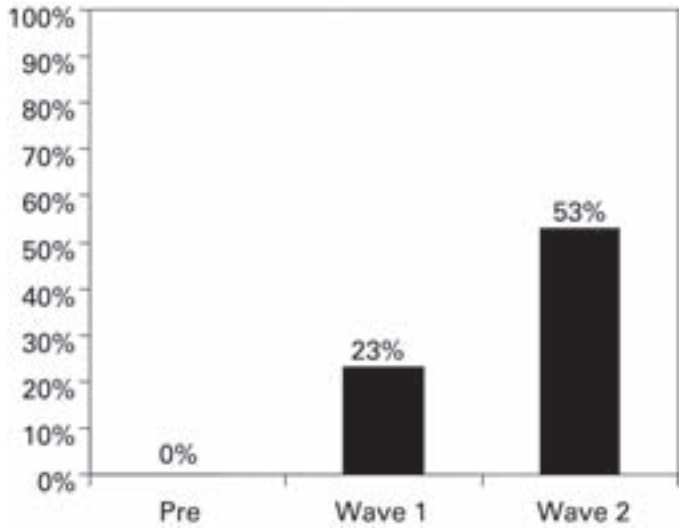
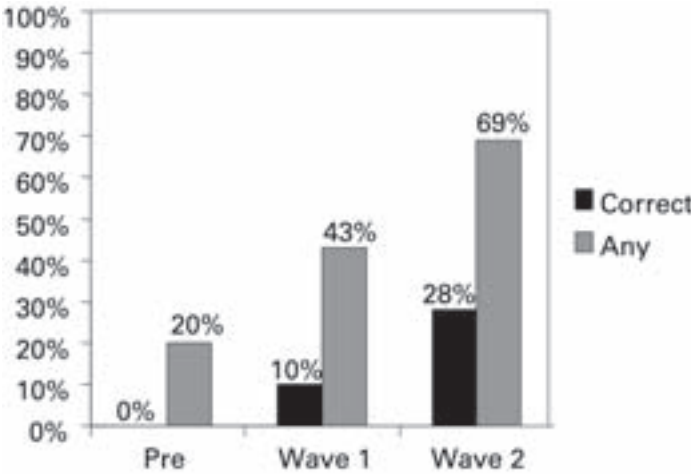


Figure 4 shows the proportion of respondents who responded 'yes' when asked whether they were aware of any telephone counselling service for violent or potentially violent men. Significant and substantial increases were recorded in both Wave 1 and Wave 2: after eight months of the program, 69% of respondents —versus 20% prior to the campaign—claimed awareness of a telephone counselling service when prompted. The proportion of men who could state the specific name of the service when asked increased from 10% in Wave 1 to 28% in Wave 2.

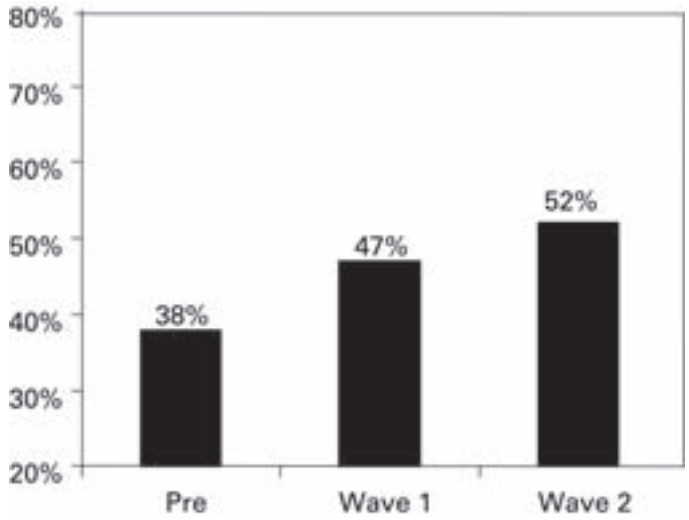
Figure 4: Awareness of the Men's Domestic Violence Helpline ('correct') and 'any' telephone helpline



Attitudinal Effects

There were a number of positive belief and attitude effects beginning to emerge: in Wave 2, 21% of respondents exposed to the campaign stated that the campaign had 'changed the way they thought about domestic violence'; when asked who suffered most from domestic violence, 58% of all respondents in Wave 2 agreed that 'domestic violence affects the whole family', rather than just the children or the woman victim (vs 21% prior to the campaign and 34% in Wave 1); the proportion of the total sample agreeing that 'occasional slapping of their partner' is *never* justified increased from 38% at benchmark to 47% in Wave 1 and 52% in Wave 2 (Figure 5).

Figure 5: Occasional slapping justified 'None of the time'



Product Purchase: Helpline Calls and Referrals to Counselling Services

Table 1 shows the total number of calls received by the Helpline; the number identified as perpetrators or potential perpetrators (i.e., the campaign primary target group); the number who self-identified as perpetrators (a sub-set of the previous category); and the number of victim callers. Table 1 also shows the number of self-identified perpetrators who were referred to counselling. Only self-identifying perpetrators are referred to counselling programs. The substantial increases in calls in February and March reflect modifications to the ads as a result of Wave 1 findings. The modifications strengthened the ad's message of 'help being available' and placed more emphasis on the Helpline number in the closing scenes of the ads.

To March 1999, the Helpline has received calls from 1,385 members of the primary target group, including 867 men who reported physically abusing their female partner. Of these self-identified perpetrators, nearly half (n = 411) agreed to a referral to a service provider.

Table 1: Number of calls to men's domestic violence helpline

	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
Total Calls	22	306	279	296	278	252	463	390	**2286**
Calls from campaign target group	7	183	178	183	178	199	310	227	**1385**
(% all calls)		(60)	(64)	(62)	(64)	(78)	(67)	(58)	**(61)**
Victim callers	4	25	29	26	28	15	57	36	**220**
(% all calls)		(8)	(10)	(9)	(10)	(6)	(12)	(9)	**(10)**
Self-identifying perpetrators	6	93	95	120	102	87	217	147	**867**
(% all calls)		(30)	(34)	(40)	(37)	(35)	(47)	(38)	**(38)**
Referrals to counselling	6	40	40	62	53	40	91	79	**411**
(% self-identifying perpetrators)		(43)	(42)	(52)	(52)	(46)	(42)	(54)	**(47)**

Discussion and Implications

This innovative campaign has clearly demonstrated the feasibility of using social marketing principles to achieve voluntary behavior change in an area where the emphasis has traditionally been—and continues to be—on criminal justice threats. This has been a significant breakthrough in the domestic violence area where support for funds directed at perpetrators has not been readily forthcoming.

The success of the campaign has been facilitated by: the integration of all aspects of the campaign (price; promotion; people; place; and product); the extensive and sensitive use of research; the use of conceptual frameworks (i.e., stages of change; communication principles in message design); and the ability of the program coordinators to work with all relevant stakeholders across the public and private sectors in a highly political and socially sensitive area.

One positive outcome of increased demand for counselling services has been that service providers have begun to tailor their courses according to the nature of callers and still be economically viable. For example, applicants were able to be classified according to their current levels of violence and readiness to change, and streamed accordingly. Similarly, the larger demand allowed more

flexibility in timing without undue concerns over minimum numbers required for financial viability.

Given no prior comparable or similar campaign targeting perpetrators and potential perpetrators for voluntary behavior change, evaluation of the campaign must be in absolute terms. While the value of these results can be costed in dollar terms, the more important measure is in the increased freedom from fear being experienced by hundreds of women and children in their day-to-day lives as their abusive partners voluntarily undergo counselling. In their view the campaign has undoubtedly been successful. From the campaign organiser's point of view, the absolute numbers calling the Helpline and being referred to counselling programs are considered sufficient from both a financial and social cost point of view to justify continuing and extending the campaign. Initial estimates put the cost per referral to completion of the counselling program at approximately A$2,500-$3,000. In Western Australia in 1989 it was estimated that it cost more than A$50,000 to treat one victim of domestic violence (including cost of policing, hospital and medical, court services, social security payments, housing and potential income loss) (Department of Community Development 1989). From the view of domestic violence prevention stakeholders, the campaign strategy of targeting perpetrators to voluntarily seek assistance is confirmed as an effective strategy. It is now hoped that the counselling programs —including maintenance products—will deliver the overall goal of a sustained change in the abusive behavior of those who complete the courses. Such results should be evident in the coming year.

Future Campaign Directions

The next phase of the campaign is focusing on establishing distribution channels for counselling services, while maintaining salience of the campaign via mass media activities and promotional activities in venues frequented by men, such as sports clubs, pubs/bars, betting shops, racing and gaming venues.

The shift in focus to distribution channels represents a shift to a push strategy (Kotler et al 1998) to complement the pull strategy of phase one. There are two major areas of focus: worksites and rural/remote areas. For example, one primary distribution channel being targeted is a network of employers who offer employees counselling services for a variety of individual needs, not just work-related issues (Employee Assistance Program; EAP). The human resources managers in companies in the EAP refer their workers to a number of linked service organisations. The *Freedom From Fear* campaign will target these employers to increase employer awareness of their role in domestic violence, to include domestic violence counsellors among the list of service providers employees may be directed to, and to increase employee opportunity to disclose and seek help. Another specific channel consists of a similar apparatus within the Defence Forces (Defence Community Organisation; DCO). The overall aim is to widen the number of referral intermediaries who have direct face-to-face contact with members of the primary target audience, and hence more direct promotion of counselling services to these men. This next phase involves substantial targeting of a wide variety of intermediaries, all with specific needs and requirements that must be satisfied before agreeing to adopt and disseminate the *Freedom From Fear* product.

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Section 3: Social Marketing Tools

Social Marketing & Communication Definitions, The Sutton Group

Marketing Definitions

Social Marketing. The application of private sector marketing principles, audience research and strategic planning to non-profit and government initiatives to help achieve social goals.

Audience. The focus of a social marketing program to achieve action. Potential social marketing audiences include: policy makers, community leaders and organizations, health professionals, members of the media and segments of the public.

Audience behavior. Current action patterns and responses that compete with the specified desired action resulting from an effective social marketing program.

Desired action. What you want the audience(s) to do as a result of social marketing initiative.

Audience needs. Information, services, products or behavior that would benefit the audience and improve their condition. Audience needs may or may not be the same as audience wants.

Audience wants. Subjective desires of an audience segment supported by audience values, knowledge, culture, opinion, beliefs and personality. Audience wants may or may not be the same as audience needs.

Audience segmentation. Segmentation is a selection process that divides the broad audience into manageable segments with common characteristics or wants that relate to the marketing exchange or marketing mix.

Advocacy. The act or process of advancing or defeating a cause, issue, policy or proposal. Advocacy can help create an environment that motivates and enables people to act.[1] Advocacy involves community organization, mobilization, networking, coalition building and communication campaigns. Social marketing provides a framework for these activities by requiring an understanding of these audiences and the nature of the proposed exchange.

Positioning. The relationship of an issue/program/service relative to the competition in the marketplace. Positioning is often determined by the characteristics of the issue/program/service and the wants and needs of the target audience.

Branding. The naming of a product, issue, service, or organization, with which the audience associates attributes and characteristics. Branding helps communicate the product's position.

Distribution channels. Means through which your program, product or service is delivered to the audience(s).

Effective communication. Interaction between a sender and receiver that accurately delivers specified information (message) to the receiver. What you want your audience to become aware of, understand, agree with and/or act on.

Marketing Communication. Interaction between a sender and receiver that delivers a core message to the receiver that is personally relevant and offers a personal benefit in exchange for the desired action

Communication Methods

Mass media. Non-personal channels of communication that allow a message to be sent to many individuals at one time. Includes advertising and media relations.

Advertising. That which informs and persuades through paid media (television, radio, magazine, newspaper, outdoor or direct mail.) Advertising is placed (bought) on the basis of media research (that measures the nature and size of the audience reached by the medium) to ensure the desired audience is exposed to the message. Advertising provides control of content and delivery of message.

Direct media. Communication that targets and delivers the message directly to the consumer through mail, telephone and computer.

Public service ads (PSAs). Advertisements meant to inform and persuade through non-paid media (television, radio, magazine, newspaper, outdoor or direct mail.) PSAs are placed by public service directors, and the placement may or may not reach the target audience. PSAs compete with other PSAs for limited time/space.

Media relations. Interaction with and delivery of information via the news and editorial media. Media relations encompass television, radio and print news media and features programs/stories. Provides credibility of third party delivery —in exchange for control over message content and delivery.

Publicity. Non-paid communication activities (often called "earned media") presenting messages via news, editorial and entertainment media.

Special events. Activities carried out to deliver messages and/or to create news (publicity) about an issue/program/service. These can range from public demonstrations to town hall meetings to worksite education programs to group activities such as walk-a-thons. Special events can be designed to communicate with event participants or to generate publicity to communicate with a broader audience or both.

Collateral materials. Materials created for distribution directly to individuals within the target audience to communicate or reinforce key messages or images. Collateral materials include flyers, brochures, bags, magnets, stickers, bookmarks, shower hangers, videotapes, audiotapes, etc.

Point of purchase/service. Materials designed to display messages within the consumers environment, such as posters, countertop displays, shelf signage, etc.

Integrated marketing communication. The strategic approach of delivering a message through multiple, reinforcing channels or modalities during the same time period. An example could be the opening of a new movie where the movie is advertised on TV, in the newspaper and in theatres; it is reviewed on the news, movie actors are interviewed on talk shows; tickets are given away as radio promotions, etc.

Frequency. The number of times a particular message reaches a member of the audience.

Reach. The number of individuals who see or hear a message.

Impressions. A common measurement of a communication tactic's exposure or media weight. *Impressions* equal *Reach* multiplied by *Frequency.*

Marketing. The analysis, planning, implementation and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives.[2]

Message. The core concept or idea to be communicated to a target audience. Effective messages contain a call to action, a key audience benefit, image and support that makes the message relevant, believable, feasible and compelling.

Message execution. The creative translation of the core message.

Packaging. For manufacturers, packaging protects the product and assists in communicating the product's attributes and image. For retailers and service firms, packaging is the inside and outside environment that houses and dispenses the product/services and helps communicate the company's attributes and image.[3]

Pricing. The value applied to a marketing exchange. For goods or services, pricing generally implies monetary cost. In terms of social marketing, "time" might also be considered in terms of price (how much time will be exchanged for engaging in the desired behavior.)

Product. In the case of consumer-packaged goods, retail, and business-to-business companies, the product is a tangible object that is marketed to customers. For service businesses, the product takes the form of some intangible offering. Often for a service business, the product is a future benefit of future promise. Thus, while all products are offerings to the customer, there is an inherent difference between what a service firm sells and what a retailer or manufacturer sells.[4]

Public policy. Matters within the public arena on which there is public disclosure, public debate, and legislation or regulation.

Public relations. Activities that create goodwill for an organization which affect long-term public opinion.

Primary audiences. The target audience to whom a message is directed, and of whom a specific behavior is expected, as a result of receiving the message.

Secondary audience. Those audiences that influence the behaviors or action of the primary target audience.

Targeted media. Media with a high potential to reach a specific audience. Target media can include mass media, but also encompasses special interest media and trade media.

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[1] *Advocacy Guide*, the American Heart Association

[2] *Marketing for Nonprofit Organizations,* Philip Kotler

[3] *The One Day Marketing Plan*, Roman Hiebing and Scott Cooper

[4] *The One Day Marketing Plan,* Roman Hiebing and Scott Cooper

SSM thanks Brigid Sanner and Marla Hollander for their contributions.

Social Marketing Resources

Web Sites

The Social Marketing Place
http://social-marketing.com/

Social Marketing Institute
http://www.social-marketing.org/

The Social Marketing Network (Canadian Ministry of Health)
http://www.hc-sc.gc.ca/hppb/ socialmarketing/

Books

Marketing Public Health. Michael Siegel, Lynne Donner. Gaithersburg, MD: Aspen Publishers, Inc. 1998.

Marketing Social Change. Alan R. Andreasen. San Francisco: Jossey-Bass Publishers, 1995.

Hands-On Social Marketing: a Step-by-Step Guide. Nedra Kline Weinreich. Thousand Oaks, CA: Sage Publications, 1999.

Journals

Journal of Health Communication
Taylor and Francis
1900 Frost Rd., Ste 101
Bristol, PA 19007-1598
Subscription: $35.00/year

Social Marketing Quarterly
c/o Best Start, Inc.
3500 E. Fletcher Ave., Suite 519
Tampa, FL 33613
Subscription: $30.00/year

Social Marketing List Serve

The list serve is a forum for talking about social marketing research, practice, and teaching via e-mail. It was founded by Dr. Alan Andreasen at Georgetown University, one of the leaders in the area of social marketing. People participate from across the United States and many other countries and represent a variety of disciplines.

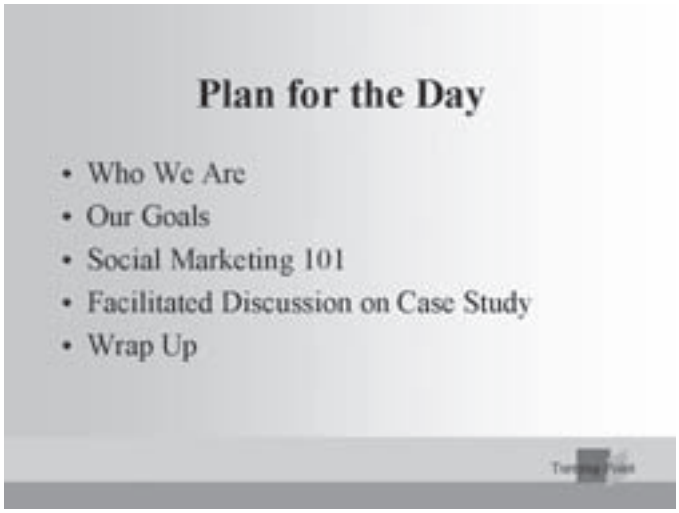
To subscribe, send an e-mail message to:

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."

Appendix: Social Marketing 101 Slides

Slide 1



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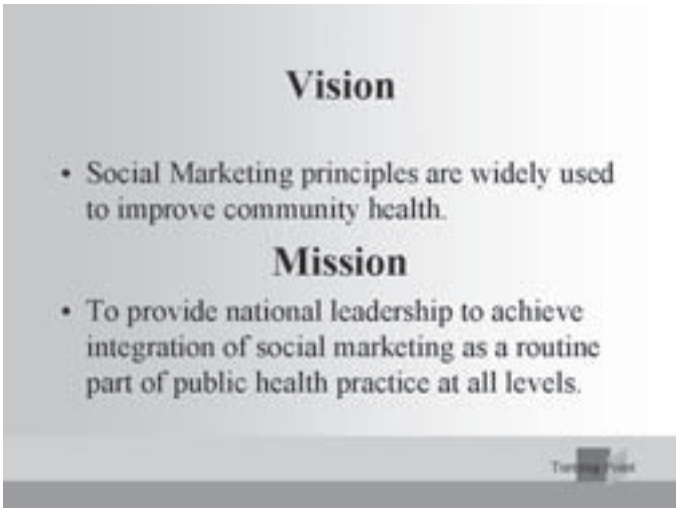

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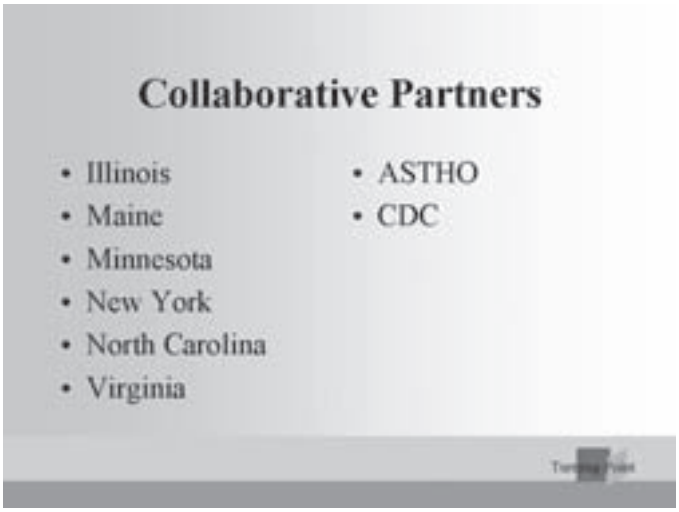

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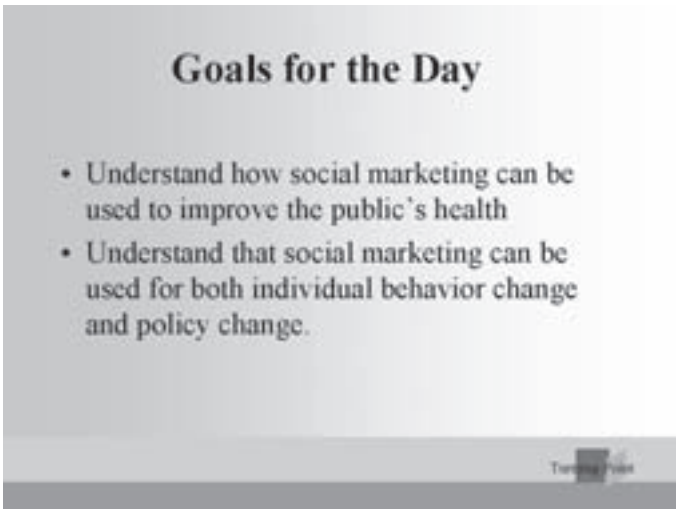

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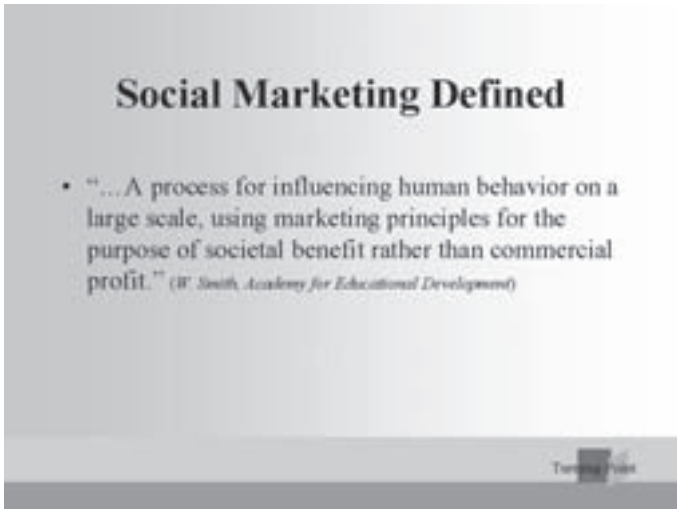

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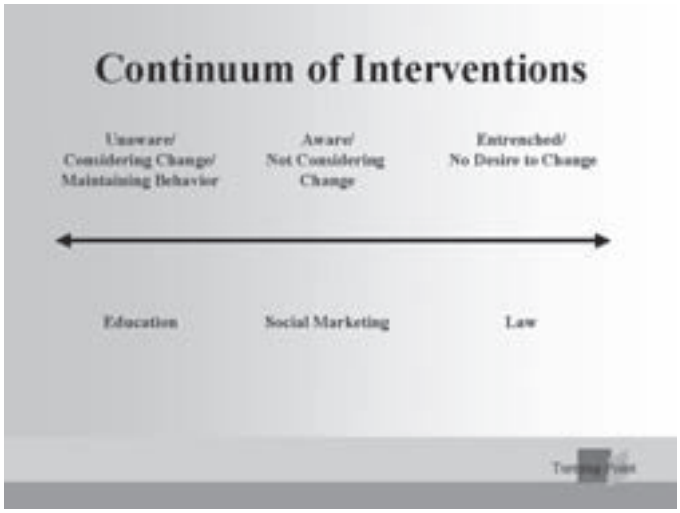

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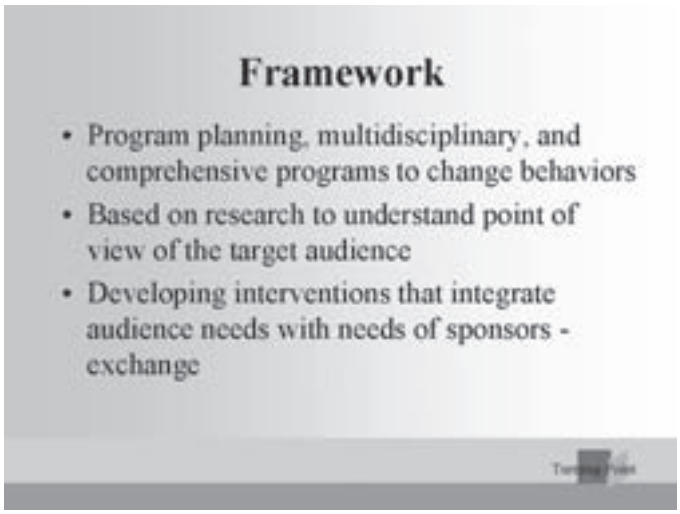

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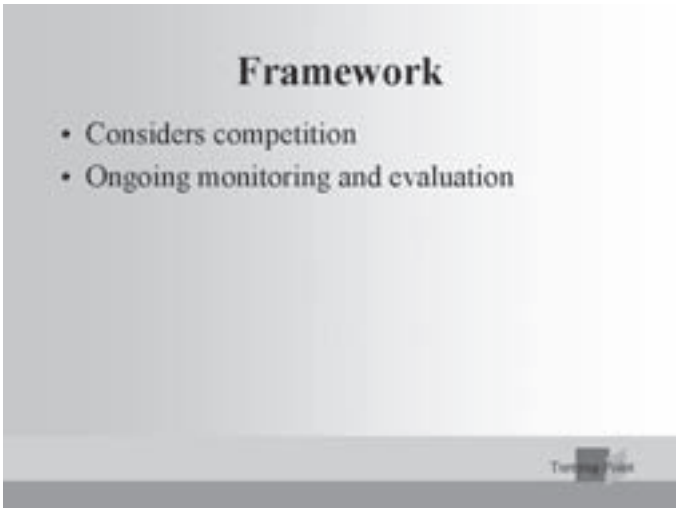

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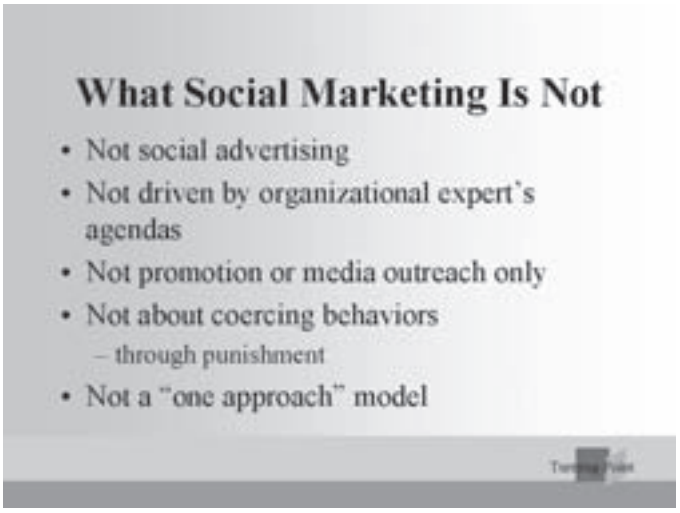

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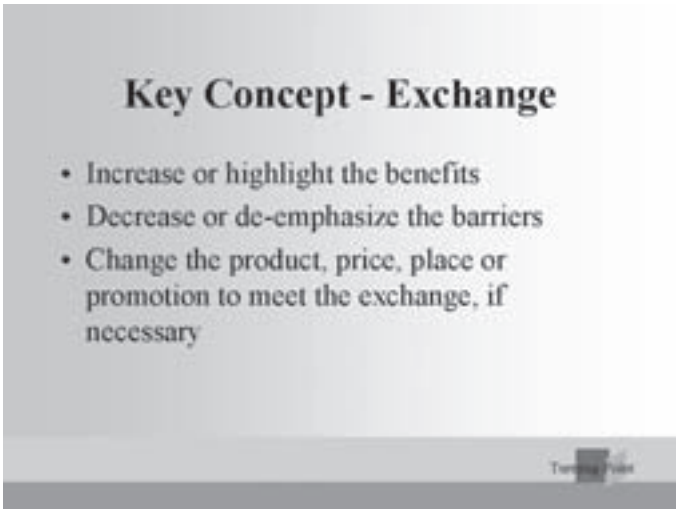

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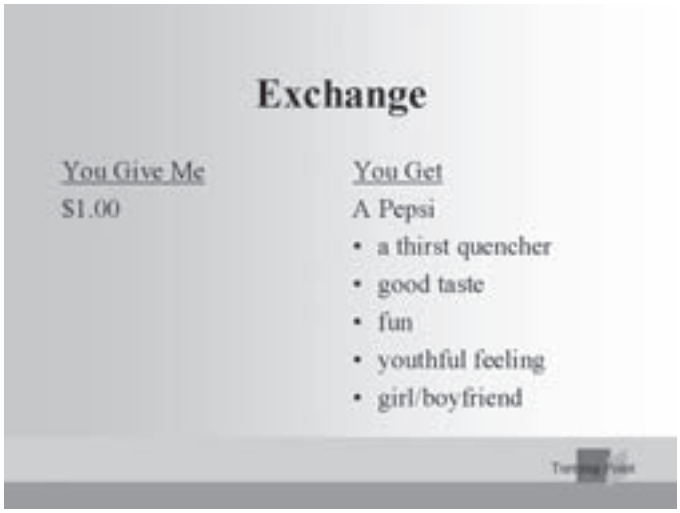

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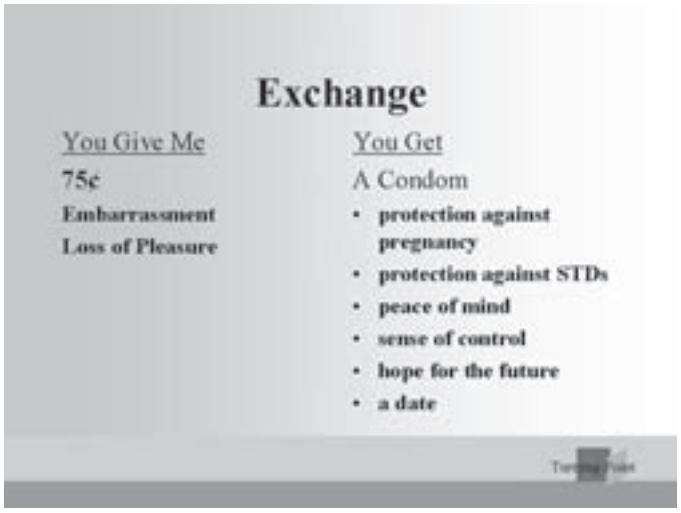

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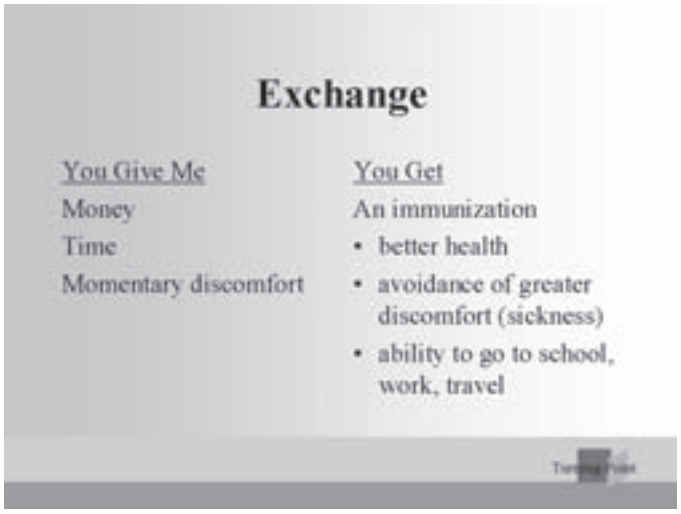


Slide 18

Slide 19

Key Concept- Competition

- Target audience can go somewhere else or do something else or maintain current behavior
- Modify program, delivery, service provider or the product to make the competing behavior less attractive, less available, or more costly

Slide 20

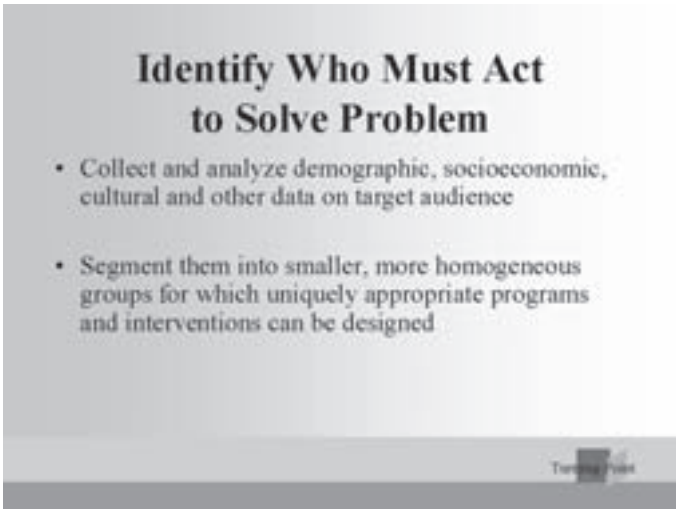
Social Marketing:
A Model for Interventions that Facilitate Change

Social Marketing as a Model for Interventions that Facilitate Change
Susan D. Kirby, 1995

Slide 21

Define the Health Problem

- Set goals and objectives
- Review Epi. data sources/literature
- Identify what actions/behavior change could reduce the problem
- Identify preliminary target audience and target behavior.



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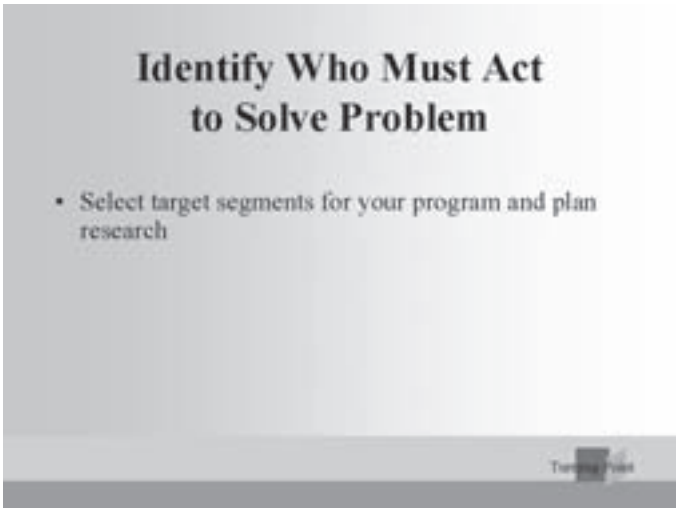

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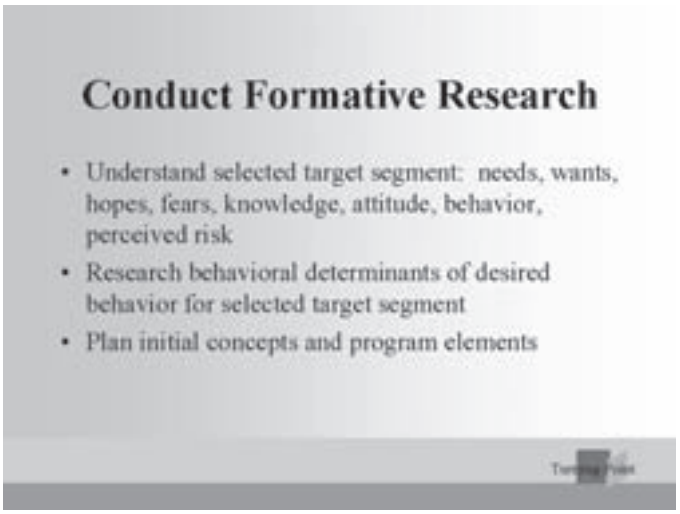

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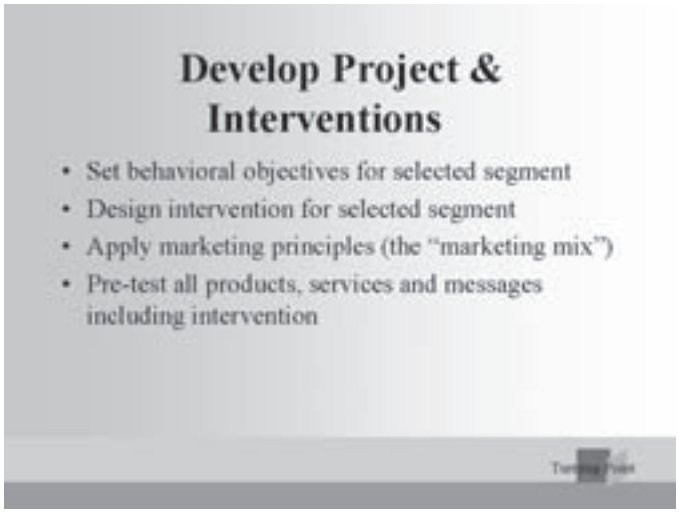

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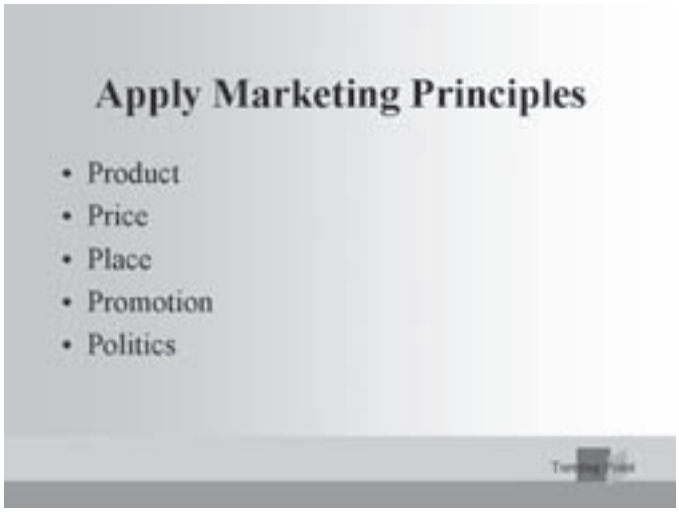

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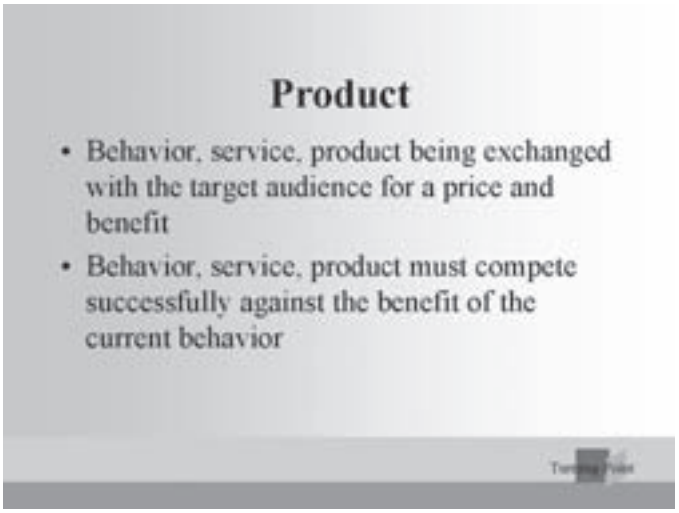

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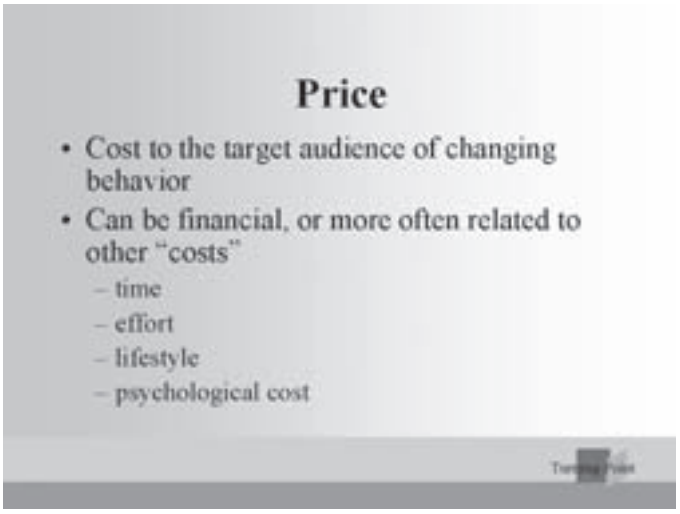

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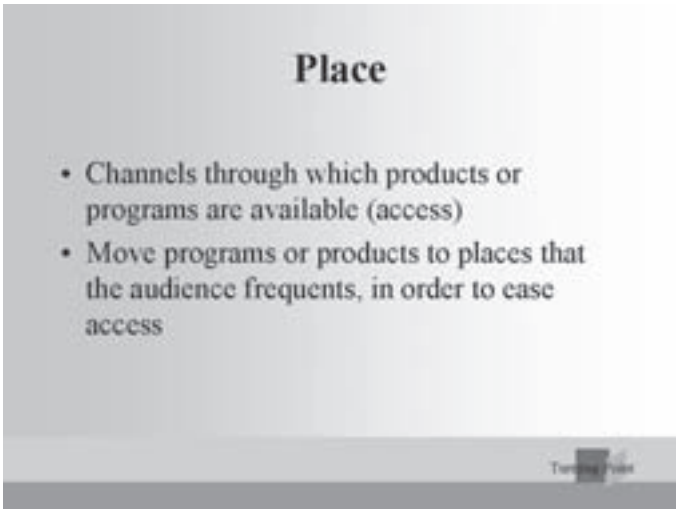

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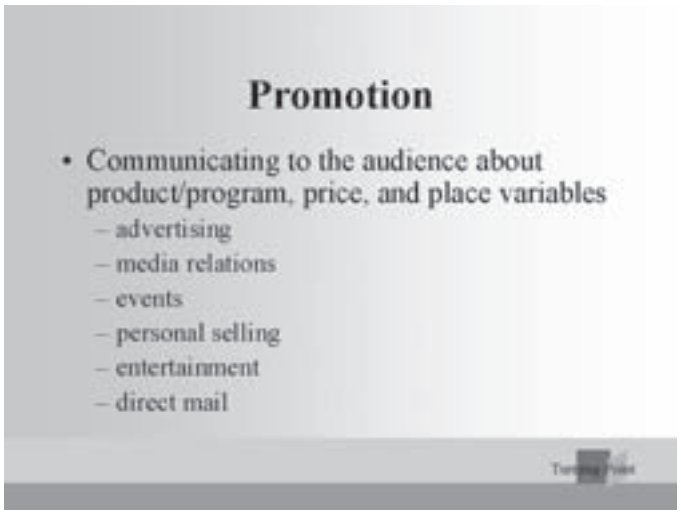

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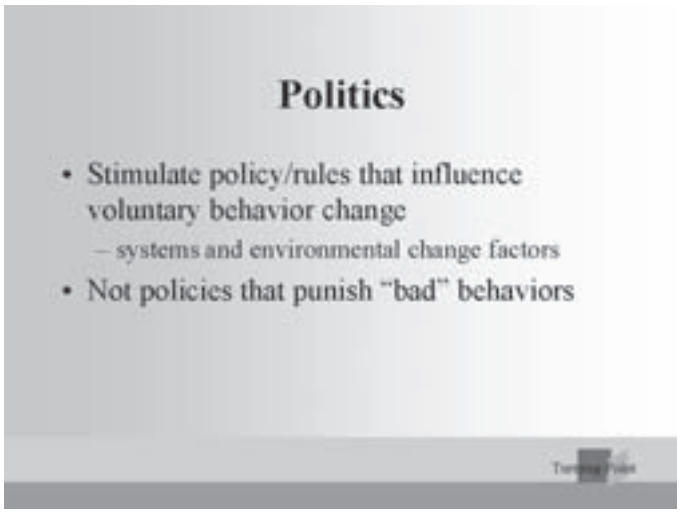

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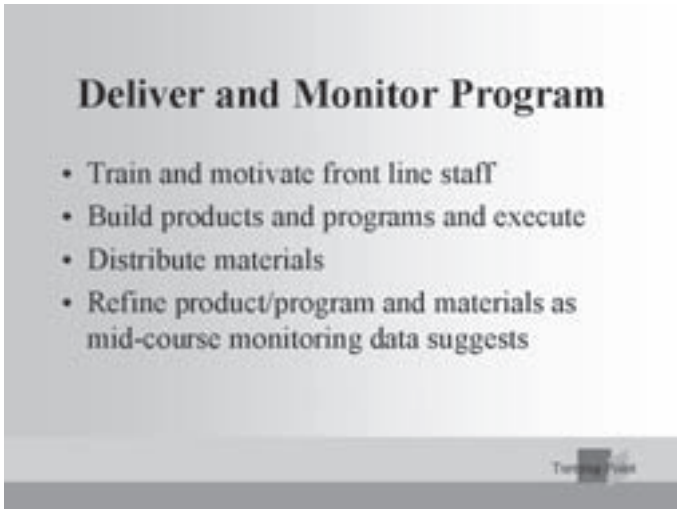

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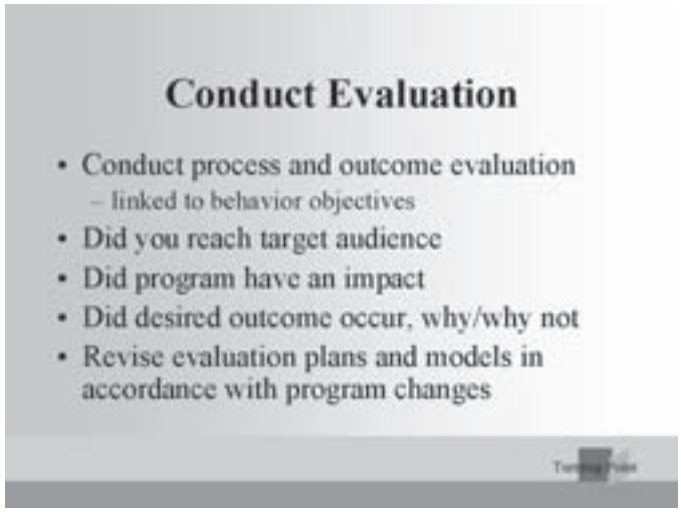

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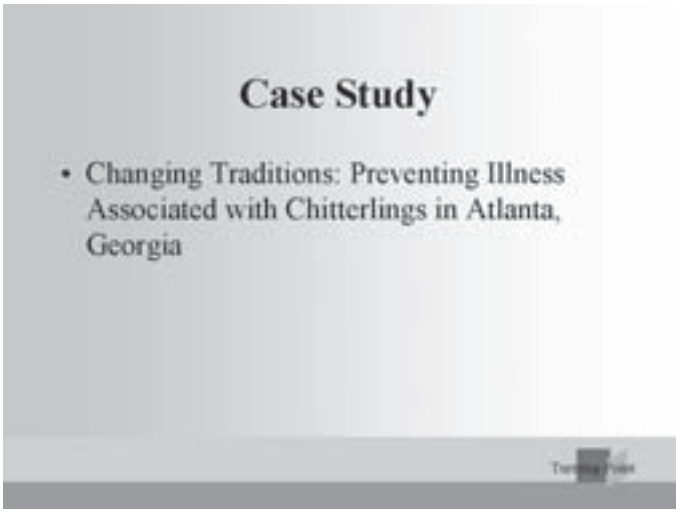

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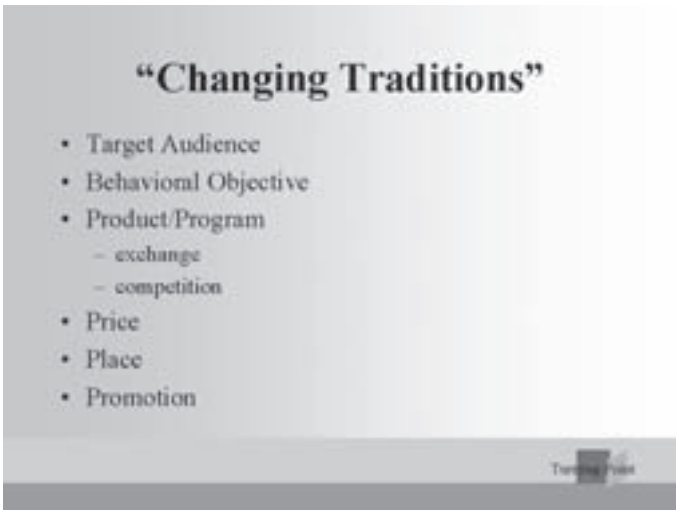

Slide 35

Slide 36

Slide 37

Evaluation
Social Marketing 101 PowerPoint Presentation

Turning Point Social Marketing National Excellence Collaborative

About Yourself

Your Name: _____

Agency: _____

Address: _____

_____

Phone: _____ E-mail: _____

About the Presentation

1. I used the presentation with the following **audience(s):**
   - ❑ Staff in My Agency
   - ❑ Staff in Another Agency (please specify):
   - ❑ Conference Attendees
   - ❑ Members of My Target Audience
   - ❑ Other (please specify):

2. I used the following **section(s)** of the presentation:
   - ❑ Description of the Social Marketing National Excellence Collaborative
   - ❑ Social Marketing 101 Slides
   - ❑ Case Study
   - ❑ Domestic Violence Case Exercise

3. The purpose(s) of my presentation was:
   - ❑ Training about Social Marketing
   - ❑ Education about the Social Marketing National Excellence Collaborative
   - ❑ Other (please specify): _____

_____

4. Which parts of the presentation were **most helpful?** _____

_____

_____

5. Which parts were **least helpful?** _____

_____

_____

6. What **changes** do you have to suggest? _____

_____

_____

I would like additional information about:

❑ Social Marketing

❑ The Turning Point Grant

❑ The Social Marketing National Excellence Collaborative

Thank you for answering these questions! Please send your responses to:

Mike Newton-Ward
North Carolina's Turning Point
North Carolina Department of Health and Human Services
MSC 1915
Raleigh, NC 27699-1915
e-mail: mike.newton-ward@ncmail.net

Notes

www.turningpointprogram.org

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turnpt@u.washingon.edu