



CDCynergy Lite:

Social Marketing Made Simple

A guide for creating effective
social marketing plans



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

SOCIAL MARKETING MADE SIMPLE

Social Marketing Made Simple is a lighter version of the CDCynergy: Social Marketing edition product. This tool is based on best practice social marketing principles, and assists in developing, implementing and evaluating an effective social marketing plan. The tool takes you step-by-step through the process, giving you instructions on “What It Is” and “How It Is Done”. Also included are appendices that contain useful charts, forms, and questions to help one move through the planning process.

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PROBLEM DESCRIPTION

What It Is

The problem description will help you keep the main goal of your social marketing effort in mind. The problem description clarifies what the public health problem is, who is affected, and what you propose to do to address it. A full, clear problem description and analysis will help you decide whether to undertake a social marketing effort.

How It Is Done

1. Write a problem statement

- The health problem is the gap between an acceptable or desirable health status and the current status. To write your problem statement, briefly answer these questions:
 - What should be occurring? What is occurring?
 - Who is affected and to what degree?
 - What could happen if the problem isn't addressed?
- Use health status indicators to answer the first 3 questions. Health status indicators are data on outcomes or their causes (e.g., smoking rates). Health status indicator data is made available by numerous organizations. See http://www.orau.gov/cdcynergy/soc2web/Content/activeinformation/index/index_cat_resources.htm?specificpartners for a list of organizations.

2. List and map the causes of the health problem

- Consider the following:
 - genetic or biological factors
 - psychological factors
 - behaviors
 - factors in the physical environment (e.g., a lack of transportation)
 - factors in the social environment (e.g., social support, or policy)
- Categorize the causes as direct and indirect, and as risk and protective factors. Weigh the factors and determine which ones are the primary factors.
- Determine which of these can change as a result of programmatic action? (e.g., a social marketing program can't eliminate genetic risk factors)

3. Identify potential audiences

- Grouping the audience into meaningful segments will allow you to design efficient and effective strategies for reaching them.
- Determine which audiences are:
 - most affected by the problem
 - most likely to change their behavior
 - most feasible to reach
 - key secondary audiences
- Avoid making audiences too broad. It is a better use of your resources to impact fewer in a more meaningful way.

- Be sure to add to the list target audiences your program is required to reach, and additional audiences that could help bring about change.

4. Conduct a SWOT analysis

- A SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis assesses the factors in the broader situation that could impact the implementation of your program or its ultimate success.

Tools and Templates

Appendix A: Example problem statements

Appendix B: Health Problem worksheet

Appendix C: Guiding questions for conducting a SWOT analysis and Worksheet



MARKET RESEARCH

What It Is

Market research (also called consumer or audience research) is research designed to enhance your understanding of the target audience's characteristics, attitudes, beliefs, values, behaviors, determinants, benefits and barriers to behavior change in order to create a strategy for social marketing programs.

How It Is Done

1. Define your research questions.

- ❑ Review results of your work from phase 1 to identify information gaps; restate these gaps as research questions
- ❑ Ask basic social marketing questions (e.g., barriers/benefits of recommended behavior)
- ❑ Ask questions to clarify how to segment your audience (e.g., demographics, psychographics)
- ❑ Ask questions to assess the environment (e.g., community attitudes towards HIV)

2. Develop a market research plan.

- ❑ Which answers can come from secondary sources and which ones require collecting new data?
- ❑ Which methods will be used to collect and analyze the new data? (e.g., focus groups, surveys, interviews)
- ❑ What order will the methods be used in?

3. Conduct and analyze market research

- ❑ Assign roles and responsibilities for carrying out your market research plan
- ❑ Hire a professional market research vendor to conduct the research, or partner with a university or community-based organization to do some of the work if you lack in-house expertise or staff time
- ❑ Approve final versions of the data collection instruments and market research procedures before data collection begins
- ❑ Conduct or oversee data collection and analysis

4. Summarize research results

- ❑ Write a market research report that presents your findings clearly and concisely. Report should include an executive summary, introduction, methodology section, results, and conclusions and recommendations.

Tools and Templates

Appendix D: List of basic Social Marketing Questions

Appendix E: Market Research Planning Template

- » Market research results summary worksheet



MARKET STRATEGY

What It Is

A market strategy is a plan of action for your entire social marketing program. Market strategy encompasses the specific target audience segment(s), the specific desired behavior change goal, the benefits you will offer, and the interventions that will influence or support behavior change.

How It Is Done

1. Select your target audience segment(s).

- ❑ Make a list of the **primary audience segments** you could target. Define each segment in terms of:
 - demographics (e.g., age and race/ethnicity)
 - behavioral determinants that distinguished “doers” from “non-doers” of your health behavior
- ❑ For each of the potential segments listed, pull the following information from your research findings:
 - aspirations
 - benefits of the target behavior valued
 - competitive behaviors practiced
 - information channels used
 - level of readiness to change
- ❑ Then go back down the list and highlight the segments that have:
 - perceived benefits that are easy to build into an exchange
 - competing behaviors against which you can “win”
 - the largest number of people reachable at the smallest cost
 - the greatest readiness to change
- ❑ Decide whether to allocate some or all of your limited program resources to targeting **secondary audience segments**. These are groups that may influence your primary target audience.

2. Define current and desired behaviors for each audience segment.

- ❑ Identify the behavior that each audience segment finalist is currently doing. To specify the behavior you want them to do, ask yourself:
 - What behavior could be changed in the short-run?
 - Is it likely to change with a little more incentive?
 - If audience members take the desired action, will it make a tangible difference in achieving my overall program goal?

3. Prioritize audience/behavior pairs

- ❑ To narrow your list down to the final priorities, consider the following factors for each audience/behavior pair
 - Risk
 - Impact
 - Behavioral Feasibility
 - Resource Feasibility
 - Political Feasibility

4. Describe the benefits you will offer

- ❑ Social marketing – like commercial marketing – is based on the principle of exchange, the idea that people will bear certain costs to get something of value in return.
- ❑ You want to offer your audience an exchange that:
 - is easy and irresistible to accept
 - maximizes the benefits they will get for adopting a behavior
 - minimizes any barriers that might deter them

Example:

AUDIENCE MEMBER GIVES:

- ❑ \$10
- ❑ Time
- ❑ Momentary discomfort

AUDIENCE MEMBER GETS:

- ❑ An immunization
- ❑ Freedom from illness in the future
- ❑ Freedom to travel
- ❑ Ability to go to school

- ❑ Instead of asking “What does the target audience NEED (for their health)?” ask, “What does the target audience WANT?”
- ❑ Pay attention to what audience members say they value the most, and you’ll be on your way to providing a solid exchange. Enhance the exchange with each program activity by continually building in more benefits that are obvious to and valued by the audience.

5. Write your behavior change goal(s)

- ❑ Rewrite each audience segment/behavior couplet in the form of a benefit exchange statement that spells out the exchange. This condensed format makes it to easier to explain the purpose of your program to stakeholders and partners.

For example:

Parents of eligible uninsured children

Who? (specific audience segment)

Will call the toll-free telephone number to apply for coverage for their children under the State Children’s Health Insurance Program (SCHIP)

Will do what? (specific behavior)

At a time and location that is convenient for them

Under what conditions? (when and where)

In exchange for the peace of mind that comes from being a good parent. providing for their children’s needs, and ensuring their families’ financial security.

In exchange for? (benefits)

6. Select the intervention(s) you will develop for your program (see Interventions section)

- Select interventions that:
 - can be accomplished within your program's resources
 - provide the "wants" of each priority target audience segment
 - reach most of the members of the priority segments
 - combine to have the potential to bring about behavior change
- Overcoming the barriers to performing a behavior and offering an exchange that will seem worthwhile to the target audience requires using all 4 P's of marketing:
 - **Product**- A tangible object or service that can support or facilitate behavior change. Product examples include in-home blood pressure monitoring kits, improved HIV tests, journals to plan and track food intake, cessation counseling.
 - **Price**- List out the "price" or barriers for your audience segment to carry out the desired behavior and then brainstorm interventions to diminish those barriers. For example, instituting a walking club program at the workplace for those who cite lack of support and lack of time as barriers to regular exercise.
 - **Place**- Think about where and when the audience will perform the behavior or access the new or adapted product/service. How can you make it convenient and pleasant (even more so than the competing behavior)? Examples include placing condom vending machines in bar restrooms.
 - **Promotion**- Use your market research to determine the communication channels and activities that will best reach your audience to promote the benefits of the desired behavior. What advertising or public relations media do they pay attention to (e.g., radio, newspaper, postcard racks)? What special promotional items would they use (e.g., water bottles, refrigerator magnets, notepads)?
- Interventions can focus on:
 - changing policy through advocacy and community mobilization to reduce barriers to service
 - providing or improving a service
 - developing or adapting a product
 - communication about facts and benefits
 - some combination of the above
- The object is to find interventions that make the behavior "fun, easy and popular" for members of the target audience.
- When brainstorming and selecting interventions, remember that effective interventions:
 - lower barriers the audience faces in performing the desired behavior
 - increase barriers the audience faces in performing competing behavior(s)
 - offer valued benefits in exchange for performing the behavior

7. Write the goal for each intervention

- For each intervention you selected, write a goal that sums up its role in impacting behavioral determinants.
- Try to go further and explain how each intervention is expected to work to support or influence the audience to adopt the new behavior.
 - For example, the goal of a peer-led workshop with female college students could be to lower the barriers of fear and lack of skill in negotiating condom use with male sex partners. That goal could be achieved by providing support, practice with various scenarios and modeling.

- Review your selected interventions and their associated goals as a group. Do the interventions in the mix:
 - lower the barriers to change that your audience segment faces?
 - offer the benefits that you have identified for the audience segment?
 - support one another to offer what the audience wants?
 - use resources effectively and avoid unproductive duplication?
 - stay within your budget?

- After you are satisfied that your mix of selected interventions is feasible to mount and will result in achieving the overall behavioral goal for your audience segment, your strategy is complete.

Tools and Templates

Audience Behavior Prioritization Wizard

» <http://www.orau.gov/cdcynergy/demo/Content/activeinformation/wizard/default.htm>

Appendix F: Creative Brief Example



INTERVENTIONS

What It Is

Interventions are methods used to influence, facilitate or promote behavior change (e.g., holding training classes to help seniors start their own walking clubs, developing a Website to promote drug-free activities to youth, expanding clinic hours to improve working mothers' access to HIV testing).

How It Is Done

1. Select members and assign roles for your planning team

- Assemble the strongest planning team you can. In addition to representatives of the groups you want to reach, it should include members whose combined experience ensures that the necessary technical, managerial, and creative contributions will be made.
- Be sure your team continues to include members of your target audience—they know best what will and won't work. The perspective of the local service providers who will deliver the interventions should also be represented.

2. Write specific, measurable objectives for each intervention activity

- Outcome objectives specify the kind and amount of change you expect to achieve for a specific population within a given time frame for each intervention. Remember, behavior change takes a long time.
- Begin with an outcome objective that quantifies the desired behavior change. Then estimate the amount of change that would be necessary in each target segment thinks, feels, knows, intends, and does to reach the ultimate behavioral objective.
- For the outcome and each of its determinants, specify:
 - Who specifically will be affected?
 - What will change?
 - How much change will occur?
 - By when?
- Make sure your outcome objectives are "SMART"
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Time-specific

3. Write a program plan, including timeline and budget, for each intervention

- The program plan should include:
 - specific activities
 - process objectives
 - a timeline
 - a detailed budget
- Social Marketing interventions tend to take four forms, reflecting the strategy used to achieve the desired outcomes:

- **Service interventions** create or modify services, tests, or treatments to improve health. For example, you might co-locate barber shops and blood-pressure screening clinic services for African-American men.
- **Product interventions** create or modify a product that promotes health. For example, you repackage a nicotine replacement device so that it can be distributed through vending machines at bars.
- **Policy interventions** lead to regulatory, legislative, or organizational rulings that supports improvements in the public's health. For example, your coalition might be successful in advocating for city funding for bike lanes.
- **Communication interventions** inform and influence individual and community decisions about behavior that enhances health. For example, a radio soap opera might persuade women to discuss condoms with male sex partners

Timeline

Working backward from your outcome objectives, develop a timeline that covers all phases of each intervention. Include key deadlines, milestones. The timeline is central to your program plan. Include launch schedules into your timeline as well. Select or create a graphic that is easy for all partners to understand and makes sense for your goals and objectives. A Gantt chart (<http://office.microsoft.com/en-us/excel-help/create-a-gantt-chart-in-excel-HA001034605.aspx>) is one way to display your timeline.

Budgets

Budgets should be “built,” on the basis of the activities and materials necessary for the interventions. Keep your objectives in mind as you decided whether the costs of specific activities are justified. If necessary, build your budget so that it tracks separate funding streams. Your budget should specify resources including:

- ▣ donated products and services
- ▣ volunteer time
- ▣ in-kind contributions
- ▣ matching contributions

Your budget should cover all the costs or expenses of the intervention activities. The expense portion of budgets has two primary sections:

- ▣ direct costs - expenses directly related to your project or activity
 - personnel costs
 - non-personnel direct costs
- ▣ indirect costs - expenses that don't directly relate to your project or activity

Budget narratives or justifications may be required to describe costs, especially any line items that might be perceived as unusual or higher than costs for similar items or services from other sources.

Work with your partners to plan budgets and timelines. Agreement on these issues will solidify a common understanding of program priorities to help ensure that everyone works towards common goals. Take into account any legal or ethical requirements that require or restrict openness in records.

Tools and Templates

Appendix G: Timeline and Budget

- » Checklist for Creating an Effective Timeline
- » Sample Budget Worksheet



EVALUATION

What It Is

Effective program evaluation is a systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate. Evaluation activities should be:

- useful (i.e., responsive to stakeholder information needs)
- feasible given time, resources, and available expertise
- accurate enough to inform the kinds of decisions to be made
- proper/ethical

How It Is Done

1. Identify program elements to monitor

- Monitoring and evaluation are mutually supportive ways of asking if your program is working. Program *monitoring* is essential for management and accountability. It is an ongoing process that tracks:
 - the resources invested in the program
 - the number and quality of activities the program offers
 - adherence to timelines and budgets
- Monitoring is often called process evaluation. You will always need to track process variables such as:
 - funding received
 - products and services delivered
 - payments made
 - other resources contributed to and expended by the program
 - program activities
 - adherence to timelines
- You will also want to know:
 - whether the program is being implemented as planned (fidelity)
 - how well the program is reaching your target audience (reach)
 - whether staff and representative participants see problems
- To decide which components of the program to monitor, ask yourself who will use the information and how, what resources are available, and whether the data can be collected in a technically sound and ethical manner.

2. Select the key evaluation questions:

- Basic evaluation questions include:
 - Was fidelity to the intervention plan maintained?
 - Were exposure levels adequate to make a measurable difference?
 - Were behavioral determinants affected by (or associated with) intervention exposures as predicted?
 - Did the determinants, in turn, affect behavior as predicted (i.e., was the internal logic of the intervention valid)?
 - Can any other event or influence explain the observed effects attributed to the intervention?
 - Were there any unintended effects?
- Adapt each of these basic questions to your program content

- Engage stakeholders in the planning process. Trim your list of potential questions by asking who will use the information and what they care most about. Stakeholders want various kinds of input into evaluation plans, depending on their levels of investment in the program and their interest and experience in program evaluation. Find out from stakeholders:
 - what they want to know
 - how they will use the information
 - when the data must be available in order to be useful

3. Determine how the information will be gathered

- Try to find measures that can detect deviations from program plans quickly. Whether you are tracking the number of brochures distributed, the due dates of bills to pay, or the number of program participants who report being satisfied, monitoring data collection should be a routine function. It should be built into daily record-keeping and integrated into program management.
- Each outcome included in the evaluation needs at least one strong measure to indicate whether the program is being successful in that regard. It's wise to have multiple measures of major outcomes. Multiple measures of key outcomes provide cross-validation when their findings agree.
- If you are seeking permanent behavior change (e.g., smoking cessation), define end-points for your intervention and final outcome evaluation that are far enough out to assess permanent change as your field defines it.
- Sources of evaluation data may include all the sources listed earlier for monitoring and also:
 - extensive participant interviews or surveys
 - archival documents
 - direct observations
- Multiple sources will provide different perspectives about the program and thus enhance the credibility of your evaluation. Mixing internal and external perspectives provides a more comprehensive view of the program.
- Choose the data collection method best suited to answering each evaluation question. Bear in mind that good data collection plans often integrate qualitative methods (those that produce descriptive information) with quantitative methods (those that generate numerical data such as frequencies, percentages or rates).
- Qualitative methods add depth, detail and meaning to your research. However, quantitative evidence is usually needed to show that a program increased or decreased the frequency of some health behavior. Commonly used qualitative methods include:
 - participant observation
 - unstructured and semi-structured interviews
 - focus groups
 - document theme coding
- Quantitative data provide useful background information to help interpret qualitative data. The integration of qualitative and quantitative information can increase the chances that the evidence base will be balanced, helping to meet the needs and expectations of diverse users. Examples of quantitative methods are:
 - surveys (via telephone, internet, laptop computer, face-to-face, etc.)
 - numeric coding of clinic records and other documents
 - structured observations

- To make a credible argument that your program activities led to specific outcomes, you will need to use an appropriate research design. Some typical choices include:
 - **Experimental designs**, which use random assignment to create intervention and control groups (considered equivalent before the intervention), give the intervention to only one group, and then compare the groups on some measure of interest to see if the intervention had an effect.
 - **Quasi-experimental designs**, which compare existing and possibly nonequivalent groups (e.g., program participants versus those on a waiting list), or use multiple waves of data to set up a comparison (e.g., interrupted time series) to see if the intervention had an effect.
 - **Correlational designs**, which examine relationships between features of members of one group (e.g., cross-sectional surveys)
 - **(Multiple) Case Study designs**, in which an individual (or a situation) is investigated deeply, and considered substantially unique.

4. Develop a data analysis and reporting plan

- Your plan should outline how the data for each monitoring and evaluation question will be coded, summarized and analyzed. The plan should address:
 - how conclusions will be justified (e.g., how the data relate to standards, if there are any)
 - how stakeholders both inside and outside the agency will be kept informed about the monitoring and evaluation activities and findings and supported in using the information that is generated
 - when the monitoring and evaluation activities will be implemented and how they are timed in relation to program implementation
 - the costs of monitoring and evaluation, presented in the format preferred or required by your agency or funding agency.
- Describe how the monitoring and evaluation data will be reported. The reports should include several key parts:
 - A brief description of the program components and activities that will be assessed by monitoring and evaluation
 - The monitoring and evaluation questions and methods that will be used and where they came from
 - How results will be interpreted, and when and how they will be available

5. Develop a timetable and budget

- Your timeline should cover:
 - Evaluation activities (e.g., obtaining resources, hiring personnel, securing a vendor, obtaining IRB clearance if needed, recruiting participants, collecting data, analyzing data, reporting findings)
 - Program activities
- Your budget should:
 - Tell the same story as your monitoring/evaluation narrative
 - Include detailed descriptions or justifications if needed
 - Estimate monitoring/evaluation costs to be incurred during the program's duration
 - Set aside funds for miscellaneous or contingency expenses
 - Include all items required by the funding source
 - Include all items paid for by other sources
 - Include volunteer and in-kind services to be provided
 - Detail fringe benefits separate from salaries, if required
 - Include all fees for consultants or contractors
 - Delineate details of all non-personnel costs
 - Include indirect costs when appropriate

Tools and Templates

CDC's Evaluation Framework

- » <http://www.orau.gov/cdcynergy/demo/Content/activeinformation/resources/evaluationFramework.htm>

Appendix H: Qualitative versus Quantitative Research Methods



IMPLEMENTATION

What It Is

Implementation is the point at which all your planning and preparation come together. Among the activities critical to your program's success are:

- planning the program's launch
- holding a news event to publicize your messages
- taking advantage of unexpected opportunities
- defusing potential threats to your efforts

How It Is Done

1. Prepare for launch

- Preparing for your launch includes:
 - producing your program materials
 - issuing requests for proposals (RFPs)
 - awarding funds to have program work done by outside entities
 - hiring and training your staff
 - planning launch promotion
- Producing your program materials
 - Get organizational clearance for your program materials and decide what level of quality you can afford. Produce them in the amounts needed to support your program activities.
 - The process for producing audiovisual and print materials will vary depending on whether you're using existing materials or developing new ones. When possible, consider using or adapting existing materials.
- Issuing requests for proposals (RFPs)
 - If your program or evaluation activities will be carried out and/or managed by outside organizations, issue requests for proposals (RFPs) to ensure fair competition for the work. (See http://www.orau.gov/cdcynergy/demo/Content/activeinformation/resources/SOC_RFPPProcess.pdf for a sample RFP.)
 - Conduct some form of price or cost analysis for every procurement action.
 - » Price analysis is determining if a price is reasonable. A web search on "vendor price analysis" will bring up sample forms to use for this purpose.
 - » Cost analysis is the review and evaluation of each cost item on the budget to determine if costs:
 - are clearly allocated (i.e., you know what each cost covers)
 - are reasonable
 - are allowable under your guidelines
 - Allow 3-4 weeks for bidders to respond to your RFP. Allow enough time for your team to evaluate the proposals.

■ Hiring and training your staff

- Hire new staff or consultants as your program plan requires. Having your staff on board and ready to launch the program is key to success.
- To solidify staff roles:
 - » Update staff job descriptions to reflect any new responsibilities.
 - » Review supervisory duties
 - » Develop review criteria to assess staff performance in their new duties.
 - » Get feedback from staff before the launch to avoid any problems or challenges they may see.

■ Plan program launch

- Decide whether to have a public launch with media attention or a “soft launch” (a low-key startup announcement for staff and partners).
- Identify the audiences that will hear about the launch. These audiences could be staff, partners, community leaders, prospective clients or the media. Develop talking points with the messages you want to convey to them.
- Execute and manage intervention components:
 - » Directing staff toward the attainment of program objectives, using an effective leadership style and motivational strategies.
 - » Coordinating the efforts of all personnel, including the ongoing clarification of roles (people have to know what to do, whom they report to and who reports to them) and the resolution of conflicts and misunderstandings.
 - » Making sure that policies and procedures are followed and making corrections when they’re not.
 - » Planning and directing modifications in program activities when evaluation feedback indicates a need for changes (see Step 6.4).
 - » Ensuring smooth communication via staff meetings, e-mail updates, newsletters or other means, so that all staff, partners, contractors and vendors are aware of progress toward objectives, and solutions to any challenges.
 - » Reviewing your vendors’ and contractors’ work to ensure that their progress and payments proceed as planned.
 - » Tracking and making necessary adjustments to other financial inputs and outputs.
- Execute and manage the monitoring and evaluation plans
 - » Intervention and monitoring activities should be implemented simultaneously.
 - » As soon as the program is launched:
 - begin to document your intervention activities
 - spot-check them for fidelity to your plan
 - have a system for recording target audience feedback on your intervention activities, communication materials, services and products
 - gather staff feedback on the progress of your intervention activities in 1-on-1 sessions or formal meetings.
 - » To disseminate your findings, use the channels and venues that best suit the needs and interests of your stakeholders. A single, uniform report summarizing the results of your program rarely meets all needs, so you should think about various formats for your findings. Some stakeholders will want detailed reports, while others prefer brief summaries of the results and conclusions.

- » Determining what lessons were learned involves reviewing program steps from planning and implementation through feedback and evaluation. When you are looking for lessons, be sure to:
 - examine both positive and negative outcomes to learn what worked and what didn't
 - look at both hard and soft data
 - strive for balance, clarity and objectivity when developing your report
 - » Develop a schedule for releasing your information and revise your dissemination plan as new circumstances dictate.
- Modify intervention activities according to feedback.
- Use audience feedback, program monitoring and evaluation data to revise your overall program model if your assumptions proved to be incorrect. Or use the data to tweak activities to better serve your target audience.
 - For each major program adjustment, make the necessary changes in the supporting documentation, such as:
 - » communication plans
 - » staffing requirements and reviews
 - » monitoring and feedback protocols and instruments
 - » evaluation designs

Tools and Templates

Appendix I: Dissemination formats



APPENDICES

Appendix A: Example Problem Statements

- A. Starting in 1989, Congress designated a specific portion of each state's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) budget allocation to be used for the promotion and support of breastfeeding among WIC participants. More than five years after the government started supporting promotional efforts, breastfeeding rates among WIC participants were considerably lower than for women of higher socioeconomic levels. In 1995, 59.7 percent of infants in the U.S. were breastfed at birth while only 46.6 percent of infants in WIC programs were. At six months postpartum, the rates were 21.6 percent nationally and only 12.7 percent for WIC-enrolled infants.

In September 1995, Best Start Social Marketing, a non-profit social marketing organization based in Tampa, Florida, was funded by the U.S. Department of Agriculture (USDA), which administers WIC, to develop a comprehensive, national breastfeeding promotional campaign through WIC.

- B. To develop a problem statement, a community-led coalition looked at available local data and found that:
- Teen pregnancy and rates of sexually transmitted infection (STI) were high among youth ages 15-19, especially in 15 Sacramento area zip codes.
 - The 1995 California Youth Risk Behavior Survey (conducted by the California Department of Education) estimated that 45% of high school students were sexually active.
 - AIDS diagnoses among the city's young adults suggested that infection indeed was occurring during teen years.

Problem statement: Youth ages 14-18 residing in 15 zip codes in the Sacramento area are at unacceptably high risk of HIV infection.

Appendix B: Health Problem Worksheet

Categorize the causes as direct and indirect, and as risk and protective factors. Organize them in a logical sequence by completing a Health Problem Analysis Worksheet. A sample flowchart showing causes of obesity among rural adult workers may be helpful.

Weigh the factors and indicate the primary ones on your chart. How often does a given factor play a role? Which factors are most likely to:

- affect the health problem
(e.g., among elementary-aged school children, safe places to play outside may account for more variation in exercise patterns than attitudes towards exercise)
- change as a result of programmatic action
(e.g., a social marketing program can't eliminate genetic risk factors)

Do some of the causal arrows go both ways? Adjust your Problem Analysis chart to reflect any reciprocal influences.

Example:

http://www.orau.gov/cdcynergy/demo/Content/activeinformation/resources/SOC_health_problem_analysis_worksheet2.pdf

Appendix C: Conducting a SWOT analysis

Guiding questions:

- ❑ How relevant is the problem to your organization’s mission/goals?
- ❑ Where does the problem fit in your organization’s priorities?
- ❑ What knowledge is available to ameliorate the problem, and do you have access to that information?
- ❑ What is the state of relevant technology?
- ❑ Do you have the human, technical and financial resources you need to address the problem?
- ❑ What activities can you do in-house?
- ❑ What activities will you need to contract for, and what challenges are presented by the contracting process?
- ❑ What work is already underway to address the problem, and who is doing that work?
- ❑ What gaps exist?
- ❑ What political support and resistance surrounds the problem?
- ❑ What organizations or activities affect the problem indirectly (that work “upstream” in your health problem analysis could be potential partners?
- ❑ Are there ethical concerns associated with any of the possible interventions?

SWOT Worksheet

Factors/Variables	Internal	External
Positive	Strengths	Opportunities
Negative	Weaknesses	Threats

Appendix D: Basic Social Marketing Questions

You need to know as much as possible about:

- ❑ the barriers and benefits of the recommended behavior
- ❑ the barriers and benefits of its competition
- ❑ the benefits audience members seek in life overall
- ❑ what would make the behavior easier, more comfortable or fun, and more popular
- ❑ how, where and when the behavior takes place
- ❑ who helps create these opportunities or has influence on this audience
- ❑ through which media or channels the audience gets its information

Take note of whether audience segments vary in their answers to these questions.

Appendix E: Market Research Planning Template

If you can afford it, you can get help carrying out some, or all, of your market research plan from:

- university faculty or graduate students in marketing, communication, advertising or social science departments
- professional market research firms

Use this checklist to review research bids and to select research vendors.

- Descriptions of past projects
- List of clients (if you are unfamiliar with the vendor, check the company's references)
- Location of the research facility: Is it conveniently located? Accessible by public transportation? If not, do they provide transportation assistance, such as taxi money or van service? What does this add to cost?
- A diagram of the table/seating arrangements for focus groups (What shape is the table? How big is the table? The room?)
- The size and features of their observation room(s)
- Details about audio- and video-recording arrangements and costs
- Details about food arrangements for participants and observers, such as staff from your organization or your collaborating ad agency
- A description of the vendor's moderator services
- A description of the vendor's method of recruitment and what geographic area the company covers
- Recommendations for participant incentives
- Reasonable rates for the services they will provide (remember to ask for nonprofit or government rates).

Market research results summary worksheet

Executive Summary	
Introduction	
Methodology	
Results	
Conclusions and Recommendations	

Appendix F: Creative Brief Template

1. **Target Audience:** Describe the person that you want to reach with your communication. What do they value? How do they see themselves? What are their aspirations? Include a primary and secondary influencer audience if appropriate. Include any relevant audience research.
2. **Objectives:** What do you want your target audiences to think, feel, or do after experiencing the communication?
3. **Obstacles:** What beliefs, cultural practices, pressure, misinformation, etc. stand between your audience and the desired behavior?
4. **Key promise:** Select one single benefit that will outweigh the obstacle in the mind of your target audience. Suggested format: If I (desired behavior) then (immediate benefit)
5. **Support Statements:** This is the substantiation for the key promise; i.e. the reasons why the promise is true. Often this will begin with a 'because'.
6. **Tone:** What feeling should your communication have? Should it be authoritative, humorous, emotional, etc?
7. **Communication Channels:** What channels will you employ for the communication? TV, Radio, Print ads, point of purchase materials, promotional giveaways, earned media (PR) etc.
8. **Openings:** What opportunities (times and places) exist for reaching your audience? When is your audience most open to getting your message? Examples: World AIDS day, Mother's day, etc.
9. **Creative Considerations:** Any other critical information for the writers and designers? Will the communication be in more than one language or dialect? Should it be tailored to a low literate audience? Etc.

Appendix G: Timeline and Budget

Checklist for Creating an Effective Timeline

Whatever charting option you choose, ensure that your timeline or management matrix addresses all the important parts of your intervention, including, at least:

- All tasks or activities, broken down into manageable parts or steps (e.g., creating the plan, securing necessary resources, hiring staff, recruiting volunteers, training, pretesting, implementation, monitoring, etc.)
- Start and completion dates for each activity, including long-term and repeated activities
- Major deadlines, including due dates for deliverables, accomplishments, reports, etc.
- Specific personnel or organization(s) responsible for each task or activity
- Internal review and approval processes that your agency requires

Sample Budget Worksheet

Item	Description	Cost
Executive Director	Supervision	10% of salary = \$10,000 25% benefits = \$2,500
Project Director	Hired in month one	11 months at \$35,000/yr = \$32,083 25% benefits = \$8,025
Tutors	12 working 10 hours per week for 3 months	12 x 10 x 13 x \$7.00 = \$10,920
Office space	Requires 25% of current space	25% x \$20,000 = \$5,000
Overhead	20% of project cost	20% x \$64,628 = \$12,926

Appendix H: Qualitative versus Quantitative Research Methods

Qualitative Methods	Quantitative Methods
Methods include focus groups, in-depth interviews, and reviews of documents for types of themes	Surveys, structured interviews & observations, and reviews of records or documents for numeric information
Primarily inductive process used to formulate theory or hypotheses	Primarily deductive process used to test pre-specified concepts, constructs, and hypotheses that make up a theory
More subjective: describes a problem or condition from the point of view of those experiencing it	More objective: provides observed effects (interpreted by researchers) of a program on a problem or condition
Text-based	Number-based
More in-depth information on a few cases	Less in-depth but more breadth of information across a large number of cases
Unstructured or semi-structured response options	Fixed response options
No statistical tests	Statistical tests are used for analysis
Can be valid and reliable: largely depends on skill and rigor of the researcher	Can be valid and reliable: largely depends on the measurement device or instrument used
Time expenditure lighter on the planning end and heavier during the analysis phase	Time expenditure heavier on the planning phase and lighter on the analysis phase
Less generalizable	More generalizable

Appendix I: Dissemination Formats

You have a choice of many options for reporting your findings:

- ❑ Comprehensive written report
- ❑ Executive summary
- ❑ Press release/announcement/briefing
- ❑ Press conference
- ❑ Professional presentation
- ❑ Publication in scientific journal
- ❑ Short articles in partners' newsletters or local community publications
- ❑ Presentation of findings at staff meetings or other gatherings at work
- ❑ "Brown-bag" meetings with other organizations to share program experiences
- ❑ Response to inquiries received by phone, mail, or e-mail or from conference presentations.

For comments and questions email us at SPCBHealthMktg@cdc.gov

Centers for Disease Control and Prevention
Office of the Associate Director for Communication
Division of Communication Services
Strategic and Proactive Communication Branch