

Chapter 2

Planning Your Counter-Marketing Program

Planning is the foundation of your counter-marketing program. Although sound planning alone can't guarantee success, it is a very important first step.

Effective planning helps you clarify exactly which aspects of the problem of tobacco use your counter-marketing program can affect and how you can use resources most efficiently to make the greatest impact. Planning helps you set clear objectives that will enable you to select and prioritize activities. Not only does it guide program development, but it also helps you assess progress and make choices that will enhance your program's chances for future success.

Seven Steps for Planning

This chapter describes the steps for planning your program (National Cancer Institute [NCI] 2002; Centers for Disease Control and Prevention [CDC] 2003). Although these steps are described here in sequence, planning is an integrated, not a sequential, process. Become familiar with each of these steps before you start. Planning is also an iterative process; much of the planning you do will incorporate multiple steps at once or require making changes to steps on which you have already worked.

In This Chapter

Seven Steps for Planning Your Counter-Marketing Program

1. Describe the Problem
2. Identify Target Audiences
3. Draft Objectives
4. Determine Approaches, Channels, and Program Strategies
5. Consider Collaboration
6. Plan for Process and Outcome Evaluation
7. Begin Program Development

Here are the seven essential steps for planning a counter-marketing program:

1. Describe the problem and identify how counter-marketing approaches can address it.
2. Identify and learn about target audiences.
3. Draft counter-marketing objectives.
4. Determine counter-marketing approaches, channels (pathways), and program strategies.
5. Consider collaboration.
6. Plan for process and outcome evaluation.
7. Begin counter-marketing program development.

With so many demands on your time, you may be tempted to skip some steps, but thorough planning will be worth the time invested. A written plan will help you enlist the support of your organization's management, partners, stakeholders, and funding sources, and to respond to critics by defending the choices you have made.

The sample Counter-Marketing Strategic Planning Worksheet (Appendix 2.1) can help you begin. You also may want to review *CDCynergy for Tobacco Prevention and Control*, CDC's CD-ROM-based planning tool that includes several tobacco-related case studies (CDC 2003).

Step 1: Describe the problem and identify how counter-marketing approaches can address it.

Before you start, review the tobacco control goal(s) your program will support. For example, if the overall tobacco control program will focus on adult smoking cessation, then your counter-marketing program shouldn't address smoking cessation in youth. If the overall program goals are to increase adult smoking cessation and to decrease exposure to second-hand smoke, then you'll need to develop counter-marketing plans to address each of these goals.

1a. Describe the problem.

Once you have verified the program's overall goal(s), you can identify the specific problem or issue to address. Make sure that everyone agrees on what the problem is and that you have sufficient information to understand it and describe it. The amount of information needed to develop a description of the problem depends on factors such as the following:

- How much experience your organization has with the issue
- How much information is available on the issue in your area or in a similar locale
- How much research is needed to justify your decision to your organization and to potential critics of your program

Be specific in describing the problem. The problem description should include:

What Works?

Counter-marketing programs with the following characteristics are more likely to succeed (Backer et al. 1992; NCI 2002):

- **Specific outcomes.** Program objectives should be clear and specific. General descriptions don't provide enough direction for program design or evaluation. (See Step 3 for tips on developing objectives that are specific, measurable, achievable, relevant, and time-bound [SMART].)
- **Multiple target audiences.** Many outcomes involve multiple target audiences. For example, if prevention of smoking by adolescents is the goal, you may want to reach teens in different social or age groups, parents, and teen “influencers” (e.g., sports coaches or older siblings) with your program's messages and interventions, assuming the budget is adequate to address all of them.
- **Multiple tactics.** Integrating multiple tactics (e.g., combining advertising with advocacy and media literacy) into a unified counter-marketing campaign can help a program address a problem in different ways and thus enhance its effectiveness.
- **Multiple types of change.** Many outcomes call for changes in individual behavior as well as other types of change (e.g., a shift in policy or environmental norms) that will support or contribute to behavior change.
- **Messages that directly support intended changes.** General awareness or prevention messages (e.g., “don't smoke” or “smoking is harmful”) rarely are enough. Messages should be specific and should directly contribute to achieving the intended changes (e.g., encouraging people to call a quitline).
- **Tailored messages and activities.** Appropriate messages and activities are likely to differ for different target audiences and at different times in the program, depending on the perceptions, needs, interests, and behaviors of the audience.
- **Formative research.** Research to glean key insights about target audiences is essential to guide you in program design and to help you determine the most effective strategies, messages, and activities. Research is equally important for programs that target teens, adult smokers, policy makers, or any other targeted group.
- **Consistency.** Although the program's messages and activities are tailored for each audience, they all must support strategies designed to reach the tobacco control program's overall goals.
- **Commitment over time.** Successful programs commit to the long term, recognizing that changes in behavior take time. Initial indicators of progress don't always mean that changes will be maintained.
- **A focus on changing social norms.** Over the long term, changes in social norms that demonstrate acceptance of the desired outcomes are true indicators of the program's success.

- Who is affected and how
- The severity of the problem, along with data used to measure the severity
- Who can positively influence the situation or the affected group

1b. Describe who is affected.

If possible, describe subgroups that may be affected disproportionately by the problem. These subgroups should be sufficiently large and sufficiently different from one another and the general population to justify distinction. Subgroup descriptions can include:

- Demographic information (e.g., age, gender, race/ethnicity, education, and family income)
- Geographic information (e.g., location of residence, school, and work)
- Psychographic information (e.g., attitudes, opinions, intentions, beliefs, and values)

You should become familiar with sources of available data that can help describe the population, the severity of the problem, and the ways to measure change. (See Chapter 5: Evaluating the Success of Your Counter-Marketing Program and the Resources section of this manual for more information.) Individuals in your state programs for chronic disease or health statistics or others with epidemiologic training or experience can help you find relevant data sources. Here are some examples:

- Surgeon General's reports

- Behavioral surveys such as the national Youth Risk Behavior Survey, the Youth Tobacco Survey, and the Behavioral Risk Factor Surveillance System survey
- Consensus statements and recommendations by national organizations, such as the tobacco cessation guidelines published by the Agency for Healthcare Research and Quality
- Web sites that list sources of U.S. government information on tobacco control issues (e.g., <http://www.healthfinder.gov> and <http://www.cdc.gov/tobacco>)
- Relevant qualitative and quantitative research that other states or organizations conducted in developing their programs
- Database searches for journal articles and scientific reports (e.g., CDC/OSH's Smoking and Health Database (<http://www.cdc.gov/tobacco/search/>) and MEDLINE (<http://medline.cos.com/>))

1c. Refine the problem statement.

As additional information becomes available, refine your problem statement by adding more detailed descriptions of the subgroups affected. For example, if the original problem statement identified a higher rate of adolescent smokers in a certain city, further investigation may reveal that the smokers were 11th and 12th graders in inner-city schools. A review of the scientific literature and of successful tobacco control programs elsewhere may also reveal that their intentions to smoke were influenced by parents, athletic coaches, and peers.

1d. Assess factors that can affect the campaign: strengths, weaknesses, opportunities, and threats (SWOTs).

Before you progress too far in your planning, do a reality check. Assess strengths, weaknesses, opportunities, and threats (SWOTs). First, ask yourself the following questions to determine whether your organization is ready to address the problem:

- Does your organization have the necessary authority or mandate?
- Do you have or can you acquire the necessary expertise and resources?
- Will you be duplicating the efforts of others?
- How much time do you have to address this issue?
- What can you accomplish in that time?

Then identify your assets and your barriers. Consider the following factors:

- Available resources, including funds, time, and personnel and their skills
- The level of your organization's commitment to addressing the issue
- The roles of other concerned or involved groups and whether there is a gap, an opportunity for partnering, or potential overlap in areas being addressed
- Whether sound guidance is available to address the problem

- Political support for, resistance to, or potential criticism of efforts to address the problem
- Policies or lack of policies that can help or hinder your efforts
- Barriers to behavioral or environmental change or both, including activities of adversaries

Also, ask what other states or organizations are doing to address the problem:

- What have they learned?
- Do they have information or advice to help you plan (e.g., advice about targeting, budgeting, and evaluating)?
- From their perspective, what gaps exist in media coverage/advertising, community activities, materials, and target audiences?
- Are there opportunities for collaborative ventures, especially if key goals and target audiences are the same?

Experienced colleagues and contacts at other state health departments can offer suggestions or advice as you conduct this assessment. In addition, CDC's Web-based State Information Forum (<http://ntcp.forum.cdc.gov>) contains a large collection of state tobacco control documents that you might find useful. Keep all the information gained through this assessment in mind as you develop the counter-marketing program.

1e. Review relevant theories and models.

Your program planning may be helped significantly by a review of theories and models that offer perspective on the target audiences and the steps that might influence them (NCI 1995). Theories can help to explain why problems exist, what you need to know about the target audience, and what you need to do to influence change. Theories and models also can help guide you in choosing realistic objectives, determining effective strategies and messages, and designing an appropriate evaluation. No single theory dominates the design of a counter-marketing program, because issues, populations, cultures, contexts, and intended outcomes vary. Many programs are based on several theories. Best practices in counter-marketing are discussed in this manual. Table 2.1, from the National Cancer Institute's *Theory at a Glance: A Guide for Health Promotion Practice* (NCI 1995), summarizes some key theories.

Step 2: Identify and learn about target audiences.

Understanding the target audience(s) before you plan and develop your program is essential. To be successful in influencing them, you will need to understand the problem and potential changes from the point of view of the target audience(s). Before you start to plan the program, define the audience you want to reach and the results you want to achieve and determine how to measure those results. (See Step 3 for information on defining objectives.) Also, find out about the target audience (e.g., lifestyle, attitudes, environment, culture,

knowledge, beliefs, and behaviors), so you can plan appropriate activities while keeping an eye on your program objectives.

In Step 1, you identified who was affected by the problem, but the people affected may constitute a broad population. One or several target audience(s) should be selected on the basis of shared characteristics. For example, if the problem you're addressing is that more middle school students are starting to smoke cigarettes, you may want to target middle school students who are at risk of starting to smoke.

If reliable data on a certain group are not available, you may need to conduct qualitative or quantitative research or both to learn enough to make sound planning decisions. For example, in Massachusetts, the prevalence of cigarette smoking was significantly higher among physically disabled individuals than among other groups, but other descriptive data were lacking, so the state conducted research to further understand this audience. (See Chapter 3: Gaining and Using Target Audience Insights for more information on conducting research.)

In some cases, the target audience(s) may not be the affected population. Let's say you want to decrease illegal tobacco sales to students. Your target audiences might be decision makers, such as school officials, who can set policies about tobacco use on or near school property; community opinion leaders, who can increase community interest in taking action to decrease illegal sales; and merchants, who control access to and availability of tobacco products. If you want to affect

Table 2.1: Summary of Theories: Focus and Key Concepts

Theory	Focus	Key Concepts
Individual Level		
Stages of Change Model	Individuals' readiness to change or attempt to change toward healthy behaviors	<ul style="list-style-type: none"> • Precontemplation • Contemplation • Decision/determination • Action • Maintenance
Health Belief Model	Individuals' perception of the threat of a health problem and the appraisal of recommended behavior(s) for preventing or managing the problem	<ul style="list-style-type: none"> • Perceived susceptibility • Perceived severity • Perceived benefits of action • Perceived barriers to action • Cues to action • Self-efficacy
Consumer Information Processing Model	Process by which consumers acquire and use information in making decisions	<ul style="list-style-type: none"> • Information processing • Information search • Decision rules/heuristics • Consumption and learning • Information environment
Interpersonal Level		
Social Learning Theory	Behavior explained via a three-way, dynamic reciprocal theory in which personal factors, environmental influences, and behavior continually interact	<ul style="list-style-type: none"> • Behavioral capability • Reciprocal determinism • Expectations • Self-efficacy • Observational learning • Reinforcement <p style="text-align: right;"><i>Continues</i></p>

Table 2.1: Summary of Theories: Focus and Key Concepts (cont.)

Theory	Focus	Key Concepts
Community Level		
Community Organization Theories	Emphasis of active community participation and development of communities that can better evaluate and solve health and social problems	<ul style="list-style-type: none"> • Empowerment • Community competence • Participation and relevance • Issue selection • Critical consciousness
Organizational Change Theory	Processes and strategies for increasing the chances that healthy policies and programs will be adopted and maintained in formal organizations	<ul style="list-style-type: none"> • Problem definition (awareness stage) • Initiation of action (adoption stage) • Implementation of change • Institutionalization of change
Diffusion of Innovations Theory	How new ideas, products, and social practices spread within a society or from one society to another	<ul style="list-style-type: none"> • Relative advantage • Compatibility • Complexity • Trialability • Observability

Source: NCI 1995

pregnant women who smoke, you might target spouses or partners. Changing the behavior of their partners supports the pregnant women’s attempts to quit smoking and reduces their exposure to secondhand smoke.

The more specifically you can target an audience, the more likely you are to develop approaches that will be appropriate to the audience’s interests and needs. For example, you wouldn’t target all middle school students in three counties if you could more specifically and appropriately target those most likely to smoke cigarettes, such as seventh and eighth

graders whose parents smoke, who are less likely to be honor roll students, and who are more likely to be on their own in the afternoons.

One exception to this rule may be the targeting of smokers for cessation. A recent global review of smoking cessation campaigns indicated that smokers who are targeted narrowly (e.g., those most ready to stop smoking) may mentally exclude themselves from the category and deny that the message is meant for them, because they know how difficult it can be to stop smoking. Programs found greater success in prompting smokers to call quitlines

when all smokers were included in the message's target. Also helpful were messages targeting smokers by undeniable characteristics, such as pregnancy or ethnic background (Schar and Gutierrez 2001).

2a. Clearly define the audience you want to reach and the result to be achieved.

Two steps that will help to set the parameters of your program are defining subgroups of an affected population sharing common characteristics (audience segmentation) and selecting one or more subgroups—your target audience(s). Because no one program can do everything for everyone, choosing a target audience provides a focus for the rest of your planning decisions.

To select your target audience, review the following questions:

- What is the problem?
- What is the solution or desired outcome?
- Who is most likely to be able to make the desired changes happen?
- How specifically can you describe this group or groups—the target audience(s)?
- How large is each group? (Each group should be large enough to make a difference in the problem but should not include so many types of people that you can't tailor your efforts with enough specificity.)

This review may leave you with many options. Answering the following questions will help you to prioritize the audience(s) for the campaign (CDC 2003):

- Which audiences represent the highest priorities for reaching the key tobacco control goals?
- Which audiences can be most easily reached and influenced?
- Which audiences are affected disproportionately by the health problems associated with tobacco use?
- Which audiences are large enough to justify intervention?
- Which audiences are most unique and identifiable?
- Which audiences are most vulnerable to the health problems?
- In which audiences would counter-marketing efforts duplicate the efforts of an existing program or campaign?
- Which audiences, if any, have higher or lower priority because of political considerations?

2b. Find out more about the target audiences.

What “drives” the actions and behaviors of audience members, what interests and appeals to them, and where you can reach them are essential pieces of information for program design. Also, take the time to understand, not simply make assumptions



about, cultural contexts that influence how target audiences live, perceive their environment, and make decisions. (See Chapter 4: Reaching Specific Populations for more information on these groups.)

Chapter 3: Gaining and Using Target Audience Insights discusses a variety of methods for conducting market research to learn more about your audience(s). You'll need to answer the following questions about the target audiences to plan an effective program:

- What are the attitudes and beliefs of the target audience about problems and behavior associated with the tobacco control problem? Are there misconceptions that need to be corrected?
- What other attitudes and beliefs could influence behavior related to tobacco use (e.g., perceptions of “cool” that include tobacco use, openness to

seeking professional help for medical problems, and feelings about the importance of individual rights over group rights)? If tobacco use is perceived as beneficial, what barriers to change must be addressed?

- Are there social, cultural, and economic factors to consider? For example, does a high percentage of the target audience report that it is difficult to turn down a cigarette offered at a party? Do some individuals use cigarettes as a positive symbol because of cultural beliefs and practices? Does the price of cigarettes influence the number of cigarettes smoked? Do some smokers find ways around pricing changes, such as stealing, getting cigarettes from friends and family, or buying “loosies” (single cigarettes typically sold at small convenience stores or on the street)?

- Where can audience members be reached? In the community? In school? At home? Through television? Radio? Print? Interactive media? (It helps to know about a typical day in the life of an audience member.)
 - What are the audience's preferences in terms of learning styles, appeals, language, and tone of messages? Some people learn through reading and contemplation; others prefer discussion. Some may be motivated by positive appeals; while others may be more influenced by fear and other negative emotions. For example, the promise of a healthy baby might motivate a pregnant woman to quit smoking, while the threat of serious heart disease might move a middle-aged man with borderline hypertension to quit.
 - What are the audience's preferences in terms of activities, vehicles, and involvement in the issue of tobacco? Some smokers may prefer to quit on their own; others may welcome access to a quitline counselor.
- preferences and proficiencies, religion, ethnicity, generational status, family structure, degree of acculturation, and lifestyle factors such as food and activity preferences)
 - Preferences, including places where they might be receptive to activities; media use; and types of messages, sources, or sponsors perceived as credible
 - Behaviors, knowledge, attitudes, values, and feelings that indicate the audience's willingness to accept and act on the information provided (i.e., their readiness to change)

Your counter-marketing plan should include the following information about each of your target audiences:

- Demographics (e.g., gender, age, educational attainment, occupation, income, family situation, and location of residence, work, and school)
 - Community norms and cultural and lifestyle characteristics (e.g., language
- Raise awareness about the problem of tobacco use and about the tobacco counter-marketing campaign
 - Build knowledge about the specifics of the issues associated with tobacco use and prevention

Step 3: Draft counter-marketing objectives.

Defining your counter-marketing objectives will help you to determine the messages you'll use and to set priorities among possible strategies and activities. Your objectives serve as a kind of contract or agreement about your program's purpose, and they establish the outcomes that should be measured.

Objectives should reflect the results expected from the counter-marketing program within the given time frame and within the context of a comprehensive tobacco control program. In general, counter-marketing programs can:

- Shape or shift individual attitudes or values, contributing to behavior change
- Change community norms
- Result in simple actions (e.g., asking for help or information)
- Win broad public support for tobacco control issues

More specifically, counter-marketing activities designed to support health policy or enforcement of health-related laws, such as a ban on tobacco sales to minors, might be expected to:

- Frame a health policy issue to make it relevant to more people
- Reward retailers who refrain from selling tobacco products to minors
- Increase support for a tobacco control policy

Counter-marketing activities designed to support tobacco cessation or other tobacco-related health services might be expected to:

- Communicate the benefits of cessation or the risks of continuing to use tobacco
- Increase support for coverage of smoking cessation programs under private and public insurance
- Prompt use of population-based counseling services, such as quitlines

Your objectives also should specify the impact you want the program to have on the tobacco-related problem and should support your organization's broader goals for tobacco control. You should write objective(s) that answer these questions:

- What specific effect do you hope to have related to the tobacco problem, and among which affected or influential populations?
- How much change do you expect? By when? (Include intermediate milestones that will help you identify progress.)

Setting achievable objectives is important. Many efforts fail because of unreasonable objectives. For example, achieving anywhere near 100 percent change is generally impossible. If you plan to specify a numerical goal for a particular objective, an epidemiologist, statistician, or advertising or marketing expert can offer guidance on reasonable rates of change. (For example, commercial marketers often consider a 2- to 3-percent increase in sales to be a great success.) Also, you should bring your evaluator into the process when you are ready to draft objectives for the counter-marketing program.

Don't let fear of failure keep you from setting measurable or achievable objectives. Without them, you have no way of showing that you have succeeded or are making progress, which could reduce support for your program.

Chapter 5 offers more information on developing objectives, but here are some SMART tips:

- **Specific.** Be as specific as possible. For example, state that the program will "increase by 10 percent the number of health care providers who counsel pregnant women to quit smoking," rather than stating that it will "increase smoking cessation among pregnant women." Use specific verbs such as "improve," "increase,"



“promote,” “protect,” “minimize,” “prevent,” and “reduce” to describe objectives.

- **Measurable.** Clear objectives (“increase by 25 percent”) will guide evaluation design and allow you to track progress. Also, determine how you’ll measure results. Will the measurement rely on existing data or will new sources of data be needed?
- **Achievable.** Objectives should be realistic. Explore what degree of change is reasonable to expect within your program budget and your timeline for program implementation.
- **Relevant.** Objectives should be related to your program’s overall goals and should be logical, based on what you plan to do.
- **Time-bound.** Determine the time frame during which you expect certain changes to take place.

An example of a SMART objective might be to increase by 20 percent the number of smokers

who call the state quitline and attempt to stop smoking by the end of 2003. In addition to counter-marketing, other strategies and tobacco control activities conducted over a period of time are likely to be needed to change behaviors, policies, and social norms.

Step 4: Determine counter-marketing approaches, channels, and program strategies.

Now you can begin to develop a detailed plan. Select which counter-marketing approaches and channels you’ll use; then define program strategies. Although these decisions are described here in sequence, they are interrelated. In most cases, these decisions will be made together, not sequentially.

4a. Review and select the counter-marketing approaches to use.

Five counter-marketing approaches are described here: advertising, public relations, media advocacy, grassroots marketing, and media literacy. Most of this manual is devoted

to helping you to plan and implement these specific counter-marketing tactics, and each one is discussed in detail in a separate chapter. Instead of jumping to conclusions about the approaches to use, consider which are most likely to help you reach your objectives. Here's a quick look at these approaches, along with examples of what they can and can't contribute to your counter-marketing program:

- **Advertising** is a communication tactic in which messages are repeatedly delivered directly to a mass audience. Advertising permits control over the message's tone, content, and amount of exposure.
 - Advertising *can* communicate a single, simple message to many people, change attitudes, create an image for the campaign, and expose the practices of adversaries or competitors.
 - Advertising *can't* provide complex information, feedback, or services.
- **Public relations** is used to reach target audiences through “earned” media coverage—coverage of the program and issue generated through activities and relationships with reporters and other media gatekeepers.
 - Public relations *can* establish ongoing relationships with media, stakeholders, opinion leaders, and others; reach audiences with information and messages often seen as more credible than advertising; gain public support and create a positive environment for the program; expose the practices of adversaries or competitors; and provide a quick response to issues and events as they arise.
- Public relations *can't* guarantee a story's placement, exposure, focus, slant, content, or accuracy.
- **Media advocacy** is the strategic use of media and community advocacy to create social or policy change.
 - Media advocacy *can* help communities create lasting environmental change.
 - Media advocacy *can't* guarantee individual behavior change based on new information.
- **Grassroots marketing** is used to involve people in the community as participants in a counter-marketing program.
 - Grassroots marketing *can* get people in the community involved in the issue or program, create interpersonal exposure to the message, channel feedback, and build community support.
 - Grassroots marketing *can't* be tightly controlled or expose a broad audience to a very specific message.
- **Media literacy** helps people ask questions about what they watch, see, and read. It helps them critically assess how the mass media normalize, glamorize, and create role models for unhealthy lifestyles and behavior. Also, it includes an examination of techniques, technologies,



and institutions involved in media production.

- Media literacy *can* help change attitudes, teach people to recognize how messages are used to influence them, and show them how to counteract those messages by developing their own messages.
- Media literacy *can't* change industry marketing practices or replace classes or programs that explain tobacco's impact on health.

Combining several approaches is usually better than using just one. Any approach you choose must fit into your broader strategy. The best advertising or public relations work won't make up for a lack of strategy. The following questions can help you decide which approaches to use:

- Which approach or combination of approaches best addresses the problem and your program objectives?
- Which options are most appropriate for your target audience(s)?
- Which approach(es) can your organization afford and successfully implement, taking into account the available skills, budget, and experience?
- Could any of the approaches cause undesirable or unintended effects, such as public or political criticism?

4b. Review and select the channels to use.

Channels are pathways used to deliver program messages, materials, and activities to your target audience. Channels can be categorized into four broad groups: interpersonal,

community and organizational, mass media, and interactive media channels.

Interpersonal channels put health messages in a familiar context. Examples of interpersonal channels to reach intended audiences are physicians, friends and family members, counselors, parents, clergy, educators, and coaches. These channels are more likely to be trusted and influential than are mass media sources. Developing relationships with and creating messages and materials for interpersonal channels may take some time, but these channels are among the most effective, especially for affecting individual attitudes, skills, and behavior/behavioral intent.

Influence through interpersonal contacts may work best when the person is already familiar with the message, for example, from hearing it through the mass media. Similarly, mass media approaches are most effective at changing behavior when they're supplemented with interpersonal channels.

Community and organizational channels can reinforce and expand on other media messages and add credibility and legitimacy. Community groups and organizations can disseminate your materials, hold events, and offer instruction related to your message. Establishing links with these groups can be a shortcut to developing interpersonal channels to your audience(s). Community and organizational channels, like interpersonal channels, can offer support for action and can function in two directions. They allow discussion and clarification, encouraging motivation, and reinforcing action. Community leaders can be effective channels, because they influence

other people and can influence policy. They may include physicians and other health care professionals; religious, political, and social leaders; business and union leaders; and "rule makers," who control the audience's environment (e.g., teachers, parents, policy makers, and law enforcement personnel). Community leaders can disseminate messages broadly to groups or become part of an interpersonal channel. Also, garnering the support of many organizations that work together toward a common goal can create a "critical mass" resulting in a bandwagon effect for your efforts.

Mass media channels offer many opportunities for dissemination of a message. Examples of mass media channels are radio, broadcast and cable TV, magazines, direct mail, billboards, and newspapers. The opportunities provided include mentions in news programs; entertainment programming ("entertainment education"); public affairs, "magazine," and interview shows (e.g., radio call-in programs); live remote broadcasts; editorials on TV and radio and in newspapers and magazines; health and political columns in newspapers and magazines; posters; brochures; advertising; and public service campaigns. You may decide to use a variety of formats and media channels, but you should choose the ones that are most likely to effectively reach your audience(s).

Mass media campaigns are a tried and true approach. They've been conducted on topics ranging from general health to specific diseases, from prevention to treatment. Overall, research has demonstrated that mass media approaches are effective in raising awareness, stimulating an audience to seek information

and services, increasing knowledge, changing attitudes, and even achieving some change in behavioral intentions and behaviors (Snyder and Hamilton 2002). However, behavior change is usually associated with long-term, multiple-intervention campaigns, rather than with one-time, communication-only programs (Smith 2002). Mass media campaigns also can contribute to changes in social norms and to other collective changes (e.g., policy and environmental changes) (Hornik 2002).

Interactive media channels are useful now and may have even greater reach in the future. Examples include Web sites, Internet bulletin boards, newsgroups, chat rooms, CD-ROMs,



and kiosks). These media channels allow delivery of highly targeted messages to and feedback from the audience. Your program can use these media to send individual messages via e-mail (electronic mail) and post-program messages, such as information about health-related campaigns on popular Web sites, to create and display ads, to survey and gather information from computer users, to exchange ideas and ready-to-use materials with peers and partners, and to rally or demonstrate support for a policy or issue. Before choosing an interactive channel, you'll need to determine whether it's accessible and whether your audience is comfortable with it.

To identify possible channels for reaching your audience, find answers to the following questions:

- Where can you reach audience members (e.g., at home, at school or work, in the car, on the bus or train, or at a community event)?
- When are they most likely to be attentive and open to your efforts?
- Where can they act on your message?
- In which places or situations will they find your messages most credible and influential?
- Which places or situations are most appropriate for the counter-marketing approaches you are considering?

The use of several channels has been most effective in producing desired results, including behavior change (NCI 2002). Using a combination of channels not only improves your chances of reaching more members of your audience(s), it also can increase the repetition of your message, which in turn increases the chance that the audience will be exposed to it often enough to internalize and act on it. Finally, some messages may seem more legitimate when they come from several sources or channels.

Here are some tips for selecting channels to include in your program:

- Choose channels that suit your objectives, and decide how the approaches described in this manual can be used with those channels.
- Select channels and activities that fit your budget, time constraints, and resources.
- Consider the attributes and limitations of each type of channel. For example, electronic media can reach many people quickly to inform and create awareness, but they may not be as suitable as other channels for more complicated messages and purposes. The recommendations of physicians may be persuasive to smokers but may not reach many people; TV ads may reach many people but may not be as credible as



physicians' recommendations; and print ads may deliver a complex message better than TV can but may not be as engaging, because they lack action and sound. For these reasons, the best approach often is to use multiple channels to take advantage of the strengths of each channel. Table 2.2 lists some of the pros and cons of different channels.

4c. Draft program strategies.

A strategy is the approach you plan to take with a specific audience. Although you may develop many different materials and use a variety of activities, your strategies are guiding principles for all your products and activities.

The strategy includes everything you need to know to work with your audience. It defines the audience, states the action audience members should take, tells how they will benefit (from their perspective, not necessarily from a public health perspective), and explains how you can reach them. The strategy is based on knowledge

Table 2.2: Counter-Marketing Channels and Activities: Pros and Cons

Channel	Activities	Pros	Cons
Interpersonal			
<ul style="list-style-type: none"> • Influential adults • Health care providers • Family members • Friends 	<ul style="list-style-type: none"> • Hotline counseling • Patient counseling • Instruction • Prompted, informal discussion 	<ul style="list-style-type: none"> • Can be credible • Permit two-way discussion • Can be motivational, influential, supportive • Most effective for teaching and helping/caring 	<ul style="list-style-type: none"> • Can be expensive • Can be time consuming • Can have limited reach of intended audience • Can be difficult to develop; sources need to be convinced and taught about the message themselves
Organizational and Community			
<ul style="list-style-type: none"> • Schools • Employers • Community groups 	<ul style="list-style-type: none"> • Town hall and other events • Organizational meetings and conferences • Workplace campaigns • Media literacy 	<ul style="list-style-type: none"> • May be familiar, trusted, and influential • May provide more motivation or support than media alone • Can sometimes be inexpensive • Can offer shared experiences • Can reach larger audience in one place 	<ul style="list-style-type: none"> • Can be time consuming to establish • May not provide personalized attention • Organizational constraints may require message approval • Control of messages may be lost if they are adapted to fit organizational needs
Mass Media			
<ul style="list-style-type: none"> • Newspaper 	<ul style="list-style-type: none"> • Ads (paid or public service) • News • Feature stories • Letters to the editor • Op-ed pieces 	<ul style="list-style-type: none"> • Can reach broad audiences rapidly • Can convey health news/breakthroughs more thoroughly than TV or radio and faster than magazines • Audience has chance to clip, reread, contemplate, and pass along material • Small papers may take print public service announcements (PSAs) 	<ul style="list-style-type: none"> • Coverage demands a newsworthy item • PSA placement virtually nonexistent • Exposure usually limited to one day

Continues

Table 2.2: Counter-Marketing Channels and Activities: Pros and Cons (cont.)

Channel	Activities	Pros	Cons
Mass Media (cont.)			
<ul style="list-style-type: none"> • Radio 	<ul style="list-style-type: none"> • Ads (paid or public service) • News • Public affairs/ interview shows • Dramatic programming (entertainment education) 	<ul style="list-style-type: none"> • Range of formats available to intended audiences with known listening preferences • Opportunity for direct audience involvement (through call-in shows and remotes) • Can use ad scripts (called “live-copy ads”), which are flexible and inexpensive • Paid ads or specific programming can reach intended audience when they are most receptive • Paid ads are relatively inexpensive • Ad production costs are low relative to TV • Ads’ message and execution can be controlled 	<ul style="list-style-type: none"> • Reaches fewer people than TV • Although cheaper than TV ads, paid ads still may be too expensive • PSA placement runs infrequently and at low listening times • Feature placement requires contacts and may be time consuming • Many stations have limited formats that may not be conducive to health messages • Difficult for audiences to retain or pass on material • Stations consolidating; fewer local choices
<ul style="list-style-type: none"> • Television 	<ul style="list-style-type: none"> • Ads (paid or public service) • News • Public affairs/interview shows • Dramatic programming (entertainment education) 	<ul style="list-style-type: none"> • Potentially the largest and widest range of audiences • Visual combined with audio good for emotional appeals and demonstrating behaviors • Can reach low-income audiences 	<ul style="list-style-type: none"> • Ads are typically expensive to produce • Paid advertising may be too expensive • PSA placement may run infrequently and at low viewing times • Feature placement requires contacts and may be time consuming

Table 2.2: Counter-Marketing Channels and Activities: Pros and Cons (cont.)

Channel	Activities	Pros	Cons
Mass Media (cont.)			
		<ul style="list-style-type: none"> • Paid ads or specific programming can reach intended audience when they are most receptive • Ads' message and execution can be controlled • Opportunity for direct audience involvement (through call-in shows) 	<ul style="list-style-type: none"> • Message may be obscured by commercial clutter • Increased channel options have fragmented audiences (some channels reach very small audiences) • Promotion can result in huge demand • Can be difficult for audiences to retain or pass on material
Interactive Media			
<ul style="list-style-type: none"> • Internet 	<ul style="list-style-type: none"> • Web sites • E-mail lists • Chat rooms • News groups • Ads (paid or public service) 	<ul style="list-style-type: none"> • Can reach large numbers of people rapidly • Information can be instantaneously updated and disseminated • Information can be controlled • Can reach specific audiences and provide personalized information • Can be interactive and engaging • Can provide health information in a graphically appealing way • Can combine the audio and/or visual benefits of TV or radio with the self-pacing benefits of print media • Can use banner ads to direct audience to your Web site 	<ul style="list-style-type: none"> • Can be expensive • Many audiences may not have access to the Internet or skills to use it • Audience must be proactive; they must search or sign up for information • News groups and chat rooms may require monitoring • Can require maintenance over time • Thousands of health-oriented Web sites and listservs exist, so size of audience may be small • Users typically scan Web sites quickly and may not attend to health messages

This table was adapted from NCI 2002.

of the audience, guided by market research and theories and models of behavior, and tempered by the realities of organization roles, resources, and deadlines.

You'll need to develop a strategy statement that translates this information into a cohesive document articulating what you'll do, and you'll need to ensure that all key decision makers agree with it. You may be tempted to skip this step. Don't skip it. Having an approved strategy statement will save you time and effort later. Developing the statement provides a good test of whether there's enough information to begin developing messages. It offers an opportunity to convince your organization and partners to buy into your program. The statement also can serve as the guideline for all your materials and activities.

At this stage in the planning process, you should involve experts in advertising, media advocacy, marketing, or related fields, depending on the approaches you've selected. If you're working with partners, they might be a part of this program design team. Evaluation experts, if they aren't already involved, also should join the team at this point.

This stage also is a good time to do another reality check. As you develop your strategy, make sure you have the budget and other resources to include all the approaches and channels you have identified. It's better to limit your activities and do fewer things well than to stretch modest resources across many strategies and targets. Think for the long term: you may want to start with one target audience and one approach and add program components

in future years. After several years, you can have a comprehensive program in place.

For each of your target audiences, write a strategy statement that includes the following elements:

- **Target audience profile.** The description will be most useful if you describe one person in the audience, rather than describing the group. The information you gathered in Step 2 should be used here.
- **Action you want the audience to take as a result of exposure to your program.** The action should be based on the objectives you drafted in Step 3.
- **Obstacles to taking action.** Common obstacles include audience beliefs, social norms, time or peer pressures, costs, ingrained habits, misinformation, and lack of access to products, services, or program activities. The additional information you gathered about the audience in Step 2 should help you identify obstacles.
- **Benefit the audience will perceive as sufficiently valuable to motivate them to take action.** Many theories and models of behavior change suggest that people take action or change their behavior because they expect to receive some benefit (e.g., have more energy, save money, live longer, or gain acceptance from peers) that outweighs the cost (e.g., time, money, or potential loss of stature among peers).

- **Reason(s) the benefit and the audience's ability to attain the benefit should be credible and important to the audience** (sometimes called the “reason to believe”). Support can be provided through hard data, peer testimonials about success or satisfaction, demonstrations of how to perform the action (if audience members doubt their ability), or statements from people or organizations the audience finds credible. Support should be tailored to the concerns of audience members about the action. For example, if they are worried that they can't act as recommended, a demonstration of the behavior may give them the confidence to act. If they question why they should take the action or whether it will have the promised health benefit, hard data or statements from credible people or organizations may be effective. If they don't believe they need to take the action, a peer testimonial may make them reconsider.
- **Channels and activities** that will reach audience members.
- **The image you plan to convey through the tone, look, and feel of messages and materials.** You should convey an image that convinces audience members that the communication is directed at them and that it's culturally appropriate. Image is conveyed largely through creative details. For example, printed



materials convey image through typeface, layout, visuals, color, language, and paper stock. Audio materials convey image through voices, language, and music. In addition, video materials convey image through visuals, the actors' characteristics (e.g., clothing and accessories), camera angles, and editing.

Developing a strategy is usually an iterative process; as you learn more about one element, other elements may need to be adjusted.

4d. Develop a logic model.

A logic model describes the sequence of events that will occur to bring about the change (objective) you have identified. This model is often designed as a flowchart (see Figure 2.1). A logic model is valuable because it accomplishes several purposes:

- Summarizes program components and outcomes at a glance
- Can display the infrastructure needed to support the program

Figure 2.1: Example of Logic Model for One Component of Youth Tobacco Use Prevention Advertising Campaign



- Forces you to describe what you're planning in a simple way
- Reveals any gaps in the logic behind your plans
- Describes what will happen over the course of your program, which will be useful for working with stakeholders, partners, and evaluators

If you've identified several objectives and target audiences, you may need to develop several logic models. Chapter 5: Evaluating the Success of Your Counter-Marketing Program offers a more detailed look at logic models, but basically, your logic model(s) should include:

- **Inputs**—what is necessary to conduct the program (e.g., trained staff and materials)
- **Activities**—what you will do (e.g., provide media-literacy training or hold press conferences)
- **Outputs**—what will happen as a result of activities (e.g., messages in the media as a result of public relations initiatives)
- **Outcomes**—short-term results (e.g., changes in teens' attitudes about tobacco advertising) and long-term results (e.g., lower youth smoking initiation rates)

Step 5: Consider collaboration.

Working with other organizations can be a cost-effective way to enhance your program's credibility and reach. Many public health agencies seek partner organizations to serve as gatekeepers to reach target audiences. Think about partnerships with businesses, other government agencies, volunteer and professional organizations,

schools and community groups, the mass media, or health-related institutions. These organizations can help you by providing:

- Access to a target audience
- Enhanced credibility for your message or program, because the audience considers the organizations to be a trusted source
- Additional resources, either financial or in-kind resources (e.g., volunteers, meeting space, and airtime)
- Added expertise (e.g., training capabilities)
- Cosponsorship of events

First, you'll need to weigh the pros and cons to decide whether you want to collaborate. If you decide to find partners, you'll need to consider what types of partners you want.

5a. Decide whether to collaborate.

In determining whether to recruit partners, consider these questions:

- Which organizations have similar goals and might be willing to work with you?
- Which types of partnerships would help to achieve the objectives?
- How many partners would your program need? You might want to partner with one or a few organizations for specific projects, or you may need to rally the support of many organizations.
- Will the collaboration compromise your message?

Although working with other organizations and agencies can greatly enhance what you can accomplish, be realistic about the potential disadvantages of collaboration. Working with other organizations can:

- **Be time consuming.** You'll have to identify the organizations, persuade them to work with you, gain internal approvals, and coordinate planning, training, or both.
- **Require altering the program.** Every organization has different priorities and perspectives, and partners may want to make minor or major program changes to accommodate their structure or needs.
- **Result in loss of ownership and control of the program.** Other organizations may change the schedule, functions, or even the messages and take credit for the program.

Decide in advance how much flexibility you can give partners without violating your program's integrity and direction and your own organizational procedures.

5b. Consider criteria for partner participation.

Once you've decided to partner with other organizations, you should be selective in choosing partners. Consider which organizations meet the following criteria:

- Would best reach your audience(s)
- Are likely to have the most credibility and influence with your audience(s)

- Would be easiest to persuade to work with you (e.g., organizations where you have a contact)
- Would require less support or fewer resources from you

Health care companies and other for-profit organizations may be willing to work with you even if their products or services aren't related to your program. They may view partnering with your program as a way to provide a useful public service, improve their corporate image and credibility, or attract the attention of a particular sector of the public. You must consider whether a collaboration of this type will add value or jeopardize the credibility of your program.

Step 6: Plan for process and outcome evaluation.

Evaluation is crucial for showing funding sources, partners, supporters, and critics what you've achieved. Even though most evaluation occurs later, you must plan for it at an early stage, to ensure that you have the budget and infrastructure to gather and analyze the information you'll use (CDC 1999). In addition, you'll probably want to conduct a baseline study of the target audiences' current awareness, knowledge, attitudes, and behaviors. Planning for the baseline study must be done early enough to implement the research before the campaign begins. You'll be able to determine the progress of the campaign by comparing its results with information from the baseline study.

Work with your evaluation experts on evaluation plans. If they have participated in the program planning, they will better understand what you're trying to do. Evaluation experts can help to plan an appropriate evaluation and to make decisions about data collection methods and analysis. (See Chapter 5: Evaluating the Success of Your Counter-Marketing Program for more information on planning for process and outcome evaluation.)

Your objectives and logic model for the counter-marketing program form the basis for design of the evaluation. A good evaluation plan should include both process and outcome measures:

- **Process evaluation** shows whether your program's components and flow of activities worked the way you planned. Process evaluation can help to identify any problems with implementing the program as designed.
- **Outcome evaluation** shows whether you met your program objectives.

Including both types of evaluation will provide a comprehensive "picture" of what happened and why.

As you plan for evaluation, keep these tips in mind:

- **Make sure your evaluation design is appropriate for the particular activity.** Experimental designs are the gold standard of outcome evaluation. In experimental design, a treatment group (people exposed to the program)

is compared with a control group (people who aren't exposed). However, this type of design often can't be used to assess counter-marketing activities, largely because untreated control groups may not exist for statewide or community-based efforts. Even if people aren't exposed to your activities, they are likely to be exposed to some communication or other intervention on the topic. Other options include quasi-experimental, cross-sectional, and case study designs. (See Chapter 5: Evaluating the Success of Your Counter-Marketing Program for discussion of these and other types of design for evaluation.)

- **Consider how the activities are expected to work and the time frame.** Then make sure the activities are evaluated according to those expectations. For example, if you expect people to need at least five to eight exposures to your message before they'll take action, you must allow sufficient implementation time to achieve that level of exposure. If you expect people to take action immediately after exposure, then the outcome measurement should take place soon after exposure. Conversely, if you don't expect to see program effects for at least one year, outcomes shouldn't be measured until then.
- **Include process measures and milestones.** This will allow you to assess progress and to determine whether you need to make any changes in the program's implementation.
- **Determine the kind of evidence needed for the outcome evaluation.** One example is information for a report to your funding agency or partners.
- **Consider the baseline measures you have available or can collect and how you'll track changes related to desired outcomes.** Determine how you will collect data and how often.
- **Measure change against the program's specific objectives.** These objectives should be consistent with, but may not be identical to, your organization's general tobacco control goal.
- **Avoid having your program deemed a failure because it doesn't achieve sufficient reach, frequency, or duration.** Two possible causes of such a failure, real or apparent, are that activities aren't funded adequately or that they begin later than expected and aren't in place long enough before outcomes are measured. Process evaluation can track the level of intensity and the duration of exposure to the message and can help you learn why expected outcomes did or didn't occur.

6a. Write questions about the program that you want the evaluation to answer.

Planning for evaluation includes developing questions that you want the evaluation to answer about the implementation and outcomes of your program. Determine which key measures will be necessary to demonstrate to key decision makers, funding sources, other stakeholders, staff, and the public at large that the program is making

progress toward its objectives. Questions may include the following:

- Did your counter-marketing program achieve the outcomes you expected (e.g., increased awareness of program messages and changes in knowledge, beliefs, and attitudes)?
- What did target audiences think of your program? Did they become involved? Did it affect them in some way?
- Did partners contribute as expected? Why or why not? How might these partners want to work with you in the future?
- Did you have an adequate level of resources? Did you schedule enough time for program development and implementation?

6b. Design the evaluation.

To decide on the appropriate evaluation design, you'll need to consider the following questions:

- Which evaluation questions are most important? (You may have to decide which ones you can realistically answer.)
- What information will you need to answer each evaluation question?
- How will you gather the information?
- How will you analyze it?

By now, you may be thinking that good evaluation is beyond your capacity. It's true that evaluation can be complex and costly, but it also can be relatively simple and inexpen-

sive. Look at what other states have done and what might be useful in supporting future efforts. Also, examine the evaluation designs others have used and borrow what you can. Ask others what worked for them and what changes they'd make in future evaluation designs.

In addition to designing the program evaluation, you'll need to plan to pretest messages and materials. (See Chapter 3: Gaining and Using Target Audience Insights for more information.) You also may want to consider conducting a pilot test for your program. In a pilot test, you run and evaluate your program in a limited area for a limited time, then make adjustments based on the test results, before expanding the program. Consider pilot testing if your program meets the following criteria:

- Designed as a new type of program for your organization
- Intended to become a large investment
- Planned to cover many communities
- Expected to continue over several years

Step 7: Begin counter-marketing program development.

Now you're ready to start putting the pieces together. Program development and management are discussed more fully in Chapter 6: Managing and Implementing Your Counter-Marketing Program, but here are some key points:

- Develop a communication plan that includes all the elements of your planning. It should be used to explain your

plans to those within your organization and to others; support and justify budget requests; provide a record of where you began; and show the program's planned evolution. Some sections of the plan, such as implementation and process evaluation, may not be as detailed as others at this point. But you can always update the plan later.

- Add a budget and a timeline that lists and assigns tasks and identifies deadlines.
- Find out more about similar programs in other states and how you may be able to use their “lessons learned” and any messages and materials they’ve developed.
- Conduct any market research needed to understand more about your target audience’s culture, motivations, interests, and lifestyle.
- Begin to develop program activities. (See Chapter 7: Advertising, Chapter 8:

Public Relations, Chapter 9: Media Advocacy, Chapter 10: Grassroots Marketing, and Chapter 11: Media Literacy for guidance.)

- Plan for testing messages, developing materials, organizing activities, negotiating partner roles, and conducting a program review for stakeholders.

The timeline should include every imaginable major task from the time you write the plan until the time you intend to complete the program. The more tasks you build into the timetable, the more likely you’ll be to remember to assign the work and stay on schedule. Also, detailing the tasks will make it easier to determine who’s responsible for completing tasks and what resources will be required. The timeline is a flexible management tool. You may want to review and update it regularly (e.g., once a month), so you can use it to help manage and track progress. Computer-based tools, such as project management software, can be especially useful for this task.

Points To Remember

- Effective planning will help you:
 - Better understand the tobacco control issue you’re addressing
 - Identify the most appropriate approaches to bring about or support change
 - Create a counter-marketing program that supports clearly defined objectives
- Your counter-marketing program plan should complement the broader tobacco control effort and overall plan.
- Many of the planning activities in this chapter can be completed simultaneously.
- A plan is a living document. As the program progresses, review the plan to clarify and revise it as needed.
- Be prepared to evaluate what you do.

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