Manager’s Guide to
Social Marketing*

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SOCIAL MARKETING: A BRIEF OVERVIEW

Get a designated driver. Don’t be “That Guy.”

Fasten your seat belt. Eat more fruit.

Vote for a policy to have healthy vending machines.

Don’t text and drive. Wash your hands.

All these actions require individuals, groups or policy makers to change behavior to improve the quality of life for themselves, or the community as a whole. This is what social marketing is all about.

Social marketing is using commercial or business marketing principles to influence human behavior to improve health or benefit society.

* Adapted from TurningPoint Collaborative. The manager’s guide to social marketing. See additional references on last page.
You don’t have to be a marketing expert to integrate social marketing into your health improvement work, but it helps to understand some basic marketing principles. Some of the fundamental marketing principles that are critical to the success of social marketing campaigns include:

- Understanding your AUDIENCE, their needs and wants, their barriers, and their motivations
- Being clear about what you want your audience to DO; changes in knowledge and attitudes are good if, and only if, they lead to ACTION
- Understanding the concept of EXCHANGE; you must offer your audience something very appealing in return for changing behavior
- Realizing that COMPETITION always exists; your audience can always choose to do something else
- Being aware of the “4 P’s of Marketing” (Product, Price, Place, Promotion) and how they apply to your program
- Understanding the role that policies, rules and laws can play in efforts to affect social or behavioral change – upstream social marketing may be helpful for getting policy maker support

SOCIAL MARKETING: A COST-EFFECTIVE WAY TO WORK

Social Marketing Is in the Nation’s Health Goals

Healthy People 2020 has 3 objectives to increase use of social marketing.

Social Marketing Begins and Ends with Your Target Audience

Social marketing provides a framework for understanding your target audience’s behavior and where best to intervene for positive behavior change.

Social Marketing Provides an Effective Way to Create Change with a Large or a Small Budget

Successful social marketing campaigns are often equated with big budgets. However, slick TV ads and expensive print materials are not required to make an impression on your audience. Many effective, low-budget campaigns have been developed in a variety of communities.

Social Marketing Provides a Logical Process for Program Planning and Evaluation

The six phases of the social marketing process described in the following section will guide you with helpful tips on how you, as a manager, can help your staff achieve success.
THE SIX PHASES OF THE SOCIAL MARKETING PROCESS

What follows is a basic guide to the phases in the social marketing process, including questions to ask and items to consider or pay attention to during the process. The six phases described are from CDCynergy — Social Marketing Edition, a planning tool online at www.orau.gov/cdcynergy/soc2web/default.htm.

Whether you are a program manager or a department supervisor, this process should help you be an engaged, informed, and efficient social marketing consumer and practitioner.

PHASE 1: DESCRIBE THE PROBLEM

At the outset of this process, you and your staff will develop a description of the health problem to be addressed and a compelling rationale for the program. These are to be based on a thorough review of the available data, the current literature on behavioral theory, and best practices of programs addressing similar problems. Through an analysis of Strengths / Weaknesses / Opportunities / Threats (SWOT), you will identify the factors that can affect the program being developed. Finally, you will develop a strategy team — probably comprised of staff, partners, and stakeholders — to help develop and promote the program. Much of this will feel very familiar to you, but there may be one or two important differences.

What’s Different

Behavior change will be at the center of your program. The problem description should reflect which behaviors are contributing to the problem and which proposed behaviors will be promoted as the solution.

The problem statement should be informed by theories of behavior, and how change occurs. This requires that your staff consider factors that influence behavior, or behavioral determinants. Sometimes, these may be expressed in terms of benefits and barriers. Factors “upstream” in the causal chain from the problem and associated behaviors may be considered.

How You Can Help

- Confirm that the problem description and rationale fit your department’s current priorities.
- Determine that the data presented are complete and support the problem analysis.
- Ensure that the SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis is complete, and identified factors are defensible.
- Review the proposed strategy team for serious omissions or political sensitivities.
- Clarify who else must review and approve key elements of this program at various points, and help with a plan for expediting such review and approval.

PHASE 2: CONDUCT THE MARKET RESEARCH

Social marketing depends on a deep understanding of the consumer. In this phase, you will research what makes your target audience tick, and what makes audience subgroups, or “segments,” alike and different from one another. This research aims to get inside your
consumer’s head, understanding what he or she wants in exchange for what your program wants her or him to do, and what he or she struggles with in order to engage in that behavior. The objective of the research is to determine:

- How to cluster your target audience into useful segments
- Which target audience segments are most ready to change their behavior
- What they want or need most in order to do that

What’s Different

**Dividing the audience into segments:** Your research goal is to identify which members of your target audience are more likely to adopt the desired behavior, and important similarities and/or differences among them. These answers will set up the strategy development.

**Identifying competing behaviors:** The safer, healthier behavior you promote is competing with many other choices your target audience can make, including the risky behavior they may be performing now. To be effective, your strategy must make your proposed behavior at least as attractive as the alternatives.

**A focus on benefits and barriers:** People do things because they get benefits in return. Barriers make it harder for people to act. Your research must uncover which benefits the target audience wants more, and which barriers they struggle with most. Your social marketing strategy depends on this.

**Distinguishing “doers” from “non-doers”:** A way to determine which benefits or barriers most influence a population’s behavior is to compare those who do the behavior (doers) with those who don’t (non-doers). The key is to look at how they are different, rather than the same; those factors will be the key clues to behavior change.

How You Can Help

- Confirm the available budget and other needed resources for the program.
- Review the rationale behind the selection of the target audience, desired behavior, and behavioral goal.
- Review the intervention mix and the respective objectives:
  - Is it clear how each intervention either adds value or reduces costs to the target audience?
  - Is it clear what each intervention is intended to do and how it affects the desired change?
  - Taken together, will the overall mix of interventions reach enough of the target audience often enough to have the desired impact?
  - Is the overall mix feasible for your department to develop, launch, and manage? If not, is it clear how others will be involved? Is that kind of involvement appropriate and feasible?

**PHASE 3: CREATE THE MARKETING STRATEGY**
The centerpiece of your social marketing program is articulating what you are setting out to achieve and how you’ll do it. Based on the research findings, begin by selecting a target audience segment and the desired behavior to be promoted. Then, specify the benefits the target audience will receive for doing that behavior. These must be benefits the target audience really cares about and that your program can actually offer. You may also specify key barriers that the program will help the target audience overcome in order to perform the desired behavior.

**What’s Different**

**Targeting some, not all.** Your strategy likely will focus on the largest audience segments that are more ready to change. This focus enables you to tailor what you are offering to the defined target audience, which improves efficiency and effectiveness. But it means your program will not be reaching everyone equally, an outcome that sometimes presents political difficulties.

**Audience profiles.** These are rich descriptions of your target audiences, designed to give planners a textured, research-driven picture of whom you aim to reach and influence.

**Example**

**That Guy** ([www.thatguy.com](http://www.thatguy.com))

The Department of Defense is expecting lower numbers of DUIs and other negative consequences with this comprehensive social marketing program using movie theater commercials, newspaper ads, bar napkins and coasters, in addition to the web site [www.thatguy.com](http://www.thatguy.com). Focus groups found the following about the reality for 18–24 year old very high risk drinking (8+ drinks when drinking and socializing) includes:

Interactive interventions - web, games, etc – effective; drug facts and health messages not meaningful to this group

Environment: Partying is not binge drinking, culture endorses, reinforces partying/drinking; feel stress, frustration, boredom w/ work & being on base.

Consequences: short-term physical & social effects, few link it to long-term effects on job, career, duty, relationships w family friend colleagues; turn to alcohol for distraction, fun, escape; embarrass by loss of control and excessively drunk. So, highlight short-term effects.

They: feel uncomfortable to be around, sense judging glances when addiction “stories” told; make fun of, take pictures, share them (comic relief); swap stories (drinking escapades); look down upon, disassociate themselves with those acted out in an extreme way

Best themes to use – emphasize control over drinking, more control of life future, ‘cuz have little control now; drinking responsibly, control your drinking.
To increase likelihood of changed behavior – no abstinence campaign, avoid textbook definition i.e., 5+, do talk about excessive drinking and consequences of losing control, positively reinforces control they have

Key learning – audience not concerned about long-term consequences, concerned about short – loss of control, embarrassment – most likely to resonate; audience looks down on those who act out in the extreme

**Exchange, or creating an offering, not a message.** Your program must offer the target audience meaningful benefits in exchange for adopting the desired behavior. This offering must be clear, readily available, and appealing to your audience.

**Interventions that address key determinants.** It is likely that the strategy you review will contain a mix of interventions. Each one should clearly address one of the identified behavioral determinants, with an emphasis on key benefits and barriers. Finally, your research may indicate that existing programs/services need improvement or replacement because they don’t reach the right audience or because they fail to meet key audience needs. This may ruffle feathers, but keep your health objectives in mind.

**How You Can Help**

- Most importantly, allocate available resources for this critical phase of the process.
- Make sure that timelines and roles and responsibilities seem clear and reasonable.
• Confirm that any required review/clearance and procurement mechanisms are clear and in place.
• Review the research report to look for the following:
  o What most distinguishes key audience segments from one another?
  o Which target audiences appear most ready to change? And why?
  o What benefits and barriers do target audiences ascribe to the desired and competing behaviors?
  o What appear to be attractive exchanges for the respective audience segments?
• Remember that you are not the target audience.

PHASE 4: PLAN THE INTERVENTION

This phase involves developing interventions and tactics in four possible areas: new or improved products or services, staff training, policy change, and communication. These processes and considerations involve keeping on strategy, ensuring that each intervention addresses the respective target benefit or barrier, is accessible and appropriate for the target audience, and is ready to go when it needs to be. You and your staff will develop a plan, timeline, and budget for each of the proposed interventions, and highlight where key partners and stakeholders are needed and how to engage them. At the end of this phase, you should have a comprehensive work plan that describes and ties together all the pieces.

What’s Different

Keep focused on the target audience. The program is for the audience, not the implementers. If you or your staff become strongly invested in a particular approach, get suspicious. Ask yourselves how you know this is what the audience wants.

Delivery, reach, and outcome objectives. The intervention components of the overall plan must reach enough of your target audience, and must deliver what they want and need in order to make an evident impact.

Interaction between interventions: You want repeated exposure to your products, services, and messages. Plan to reinforce and repeat. It is better to do a few things very well than more things insufficiently.

How You Can Help

• Review the overall work plan:
  o Are the respective objectives of each activity clear, feasible, and on-strategy?
  o Are roles and responsibilities clear and feasible?
• Do timelines and budgets appear reasonable and fit your departmental schedules?
• Are necessary review/clearance and procurement mechanisms clear and in place?
• Review rationale and technical content for proposed modifications/improvements:
  o Does each of the proposed activities support the overall strategy?
  o Do they clearly offer the benefits sought by the target audience?
  o Do they lower or remove key barriers?
• Have the activities been pre-tested and revised based on the findings?
PHASE 5: PLAN PROGRAM MONITORING AND EVALUATION

During this phase, you determine what information needs to be collected, how the information will be gathered, and how the data analysis and reporting will take place. Social marketing is based on an iterative design model, so monitoring data are used to both ensure the program is being implemented as planned and to examine whether your strategy and tactics are suitable or need tweaking. You also will put a proverbial finger in the wind to consider if environmental factors (such as policies, economic conditions, new programs, structural change or improvement) have changed in ways that affect your program. You and your staff also will design a research plan to evaluate the effects or outcomes of the social marketing program. This will involve examining whether:

- Desired effects were achieved
- Observed effects can be attributed to your program
- The underlying logic of the intervention and its relationship to desired effects are sound

As you know, good program evaluations are highly prized by policy-makers and funders, but rarely paid for. These evaluations can be modest or extensive, but should be designed to maximize the available resources. So, at an early point in this process, you will want to assess not only resource needs but also what you can make available for these purposes.

What’s Different

Gather data to understand “How we are doing” so the program can be adjusted and improved. Your target audience’s exposure, message recall, and opinion are primary concerns here. You will assess indicators that reflect the behavior change objectives that were set, rather than the ultimate epidemiology or the morbidity / mortality objective. For example, the evaluation design might examine changes in audience perceptions of consequences, or self-efficacy to performing the desired behavior.

How You Can Help

- Allocate available resources for this critical phase of the process.
- Make sure that timelines and roles and responsibilities seem clear and reasonable.
- Confirm that any required review/clearance and procurement mechanisms are clear and in place.
- Review the research report to look for the following:
  - What most distinguishes between key audience segments?
  - Which target audiences appear most ready to change? And why?
  - What benefits and barriers do target audiences ascribe to the desired and competing behaviors?
  - What appear to be attractive exchanges for the respective audience segments?

PHASE 6: IMPLEMENT THE INTERVENTION AND EVALUATION

Finally, after all the planning, you are ready to implement the program and the evaluation. This phase walks through steps for launching the program; producing materials; procuring needed
services; sequencing, managing, and coordinating the respective interventions; staying on strategy; fielding the evaluation; capturing and disseminating findings and lessons learned; and modifying activities as warranted.

Not fully implementing the program plan is one sure way to produce mediocre results, so you will need to stick to the identified strategy while the interventions have adequate time to unfold and reach intended target audiences. At the same time, your monitoring plan should be alerting you to any issues that require urgent attention or modification. Staying on top of important stakeholder and partner perspectives and concerns is an important function during this phase.

What’s Different

Monitoring data-driven, mid-course corrections, as appropriate. You and your staff must feel comfortable making necessary adjustments to the strategy and tactics if something’s not working. You should be brought in to review and approve any proposed changes, and defend staff as needed.

How You Can Help

- Establish an appropriate schedule of project updates — both technical and financial.
- Help your staff to stick to the strategy. This may entail either giving them a buffer from external pressure, or questioning sudden opportunistic departures from the strategy or program plan.
- Monitor the perspectives and concerns of partners and stakeholders.
  - Are partners pleased with the program’s direction and progress?
  - Are stakeholders apprised and supportive of the project and its accomplishments?
Cost Effectiveness and Return on Investment

The following charts show the cost-effectiveness and return on investment for two social marketing projects. The first chart shows results from the Wheeling Walks program targeting middle age adults. The next three charts show the results from a program targeting 10 to 19 year olds. Each demonstrated methods to evaluate program effectiveness.

**Population-Based vs. Traditional Intervention CEAs & ROIs**

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Campaign Cost</th>
<th>Typical Behavior Change</th>
<th>Cost per changed person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population-based intervention w/ mass media-based campaigns</td>
<td>$300,000</td>
<td>10%</td>
<td>4,500</td>
</tr>
<tr>
<td>Traditional willing volunteer-based intervention</td>
<td>$100,000</td>
<td>25%</td>
<td>250</td>
</tr>
</tbody>
</table>

- $294* x 4,500** = $1,323,000
  - ROI = 4.1
- $294* x 250** = $73,500
  - ROI = 0.73:1

*Johnson & Johnson health care costs avoided per employee becoming an exerciser

Social Marketing Media Campaign Cost Effectiveness Analysis

<table>
<thead>
<tr>
<th>Media Exposure Category</th>
<th>Cost per Person to See Ad</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV ad #1 only</td>
<td>$11.87</td>
</tr>
<tr>
<td>TV ad #2 only</td>
<td>$47.49</td>
</tr>
<tr>
<td>Billboards only</td>
<td>$2.25</td>
</tr>
<tr>
<td>TV ads #1 and #2 only</td>
<td>$8.38</td>
</tr>
<tr>
<td>TV ads #1 and #2 and billboards</td>
<td>$7.03</td>
</tr>
<tr>
<td>Television total</td>
<td>$10.00</td>
</tr>
<tr>
<td>Entire campaign</td>
<td>$4.01</td>
</tr>
</tbody>
</table>

- Delaware’s “Get Up and Do Something”
- Target Population: 110,900 10 to 19 year olds
- www.getupanddosomething.org
### Social Marketing Media Campaign

#### Cost Effectiveness Analysis

<table>
<thead>
<tr>
<th>Media Exposure Category</th>
<th>Cost per Person to Intend to Be Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV ad #1 only</td>
<td>$30.36</td>
</tr>
<tr>
<td>TV ad #2 only</td>
<td>$101.25</td>
</tr>
<tr>
<td>Billboards only</td>
<td>$4.24</td>
</tr>
<tr>
<td>TV ads #1 and #2 only</td>
<td>$19.76</td>
</tr>
<tr>
<td>TV ads #1 and #2 and billboards</td>
<td>$10.72</td>
</tr>
<tr>
<td>Television total</td>
<td>$23.25</td>
</tr>
<tr>
<td>Entire campaign</td>
<td>$7.35</td>
</tr>
</tbody>
</table>

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### Social Marketing Media Campaign

#### Cost Effectiveness Analysis

<table>
<thead>
<tr>
<th>Media Exposure Category</th>
<th>Cost per Person to Become More Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV ad #1 only</td>
<td>$42.55</td>
</tr>
<tr>
<td>TV ad #2 only</td>
<td>$153.19</td>
</tr>
<tr>
<td>Billboards only</td>
<td>$5.11</td>
</tr>
<tr>
<td>TV ads #1 and #2 only</td>
<td>$25.79</td>
</tr>
<tr>
<td>TV ads #1 and #2 and billboards</td>
<td>$12.06</td>
</tr>
<tr>
<td>Television total</td>
<td>$31.54</td>
</tr>
<tr>
<td>Entire campaign</td>
<td>$8.87</td>
</tr>
</tbody>
</table>

- Cost per 10-19 year old: $335,000 / 110,900 = $3.02

Road Crew (www.roadcrewonline.org)

Economic benefit of the Road Crew

Results showed a significant shift in riding/driving behavior, especially among 21–34-year olds, a projected 17% decline in alcohol-related crashes in the first year, no increase in drinking behavior, and large savings between the reactive cost of cleaning up after a crash and the proactive cost of avoiding a crash. Programs have become self-sustaining based on fares and tavern contributions, and have become part of the lifestyle in the treatment communities.

The estimate of the direct out-of-pocket costs per alcohol-related crash in Wisconsin in 2000 were about $56 000. They include emergency and acute health care costs, long-term care and rehabilitation, police and judicial services, property damage, insurance, disability and workers compensation, lost productivity, and social services for those who cannot return to work and support their families. The amortized variable cost of maintaining the Road Crew is about $15,300 per crash avoided. Included are directly attributable to managing Road Crew in the three communities, but do not include one-time upfront costs such as the research and administration needed to begin the project. As ride revenues move the programs toward self-sustainability, the use of government funds is eliminated. There was an estimated 17% reduction in crashes and savings of about $610,000 in the first year of operation.

Hiring New Staff or Consultants

From CDCynergy Social Marketing Phase 6, Step 1

www.orau.gov/cdcynergy/soc2web/Content/phase06/phase06.htm

The North Carolina Division of Public Health (DPH) is convinced that social marketing approaches will improve health outcomes in the State. DPH decided to hire staff to provide statewide technical assistance (TA) in social marketing. The agency queried the Georgetown Social Marketing Listserve (www.social-marketing.org/aboutus.html#organization) about the kinds of applicant qualifications and job characteristics that would be important for a TA provider. A synopsis of the feedback is provided below, followed by lists of skills and functions that were given to the personnel department so that they could create a job description, and then by the job description itself.
Qualifications for Social Marketing Consultant Position

Skills

- “Real-world” commercial or social marketing experience (not just communications)
- Knowledge of research
  - At least enough to know good research when you see it
  - “Real-world” qualitative experience
- Working knowledge of public health or health promotion
- Consultation/Negotiation skills – 2
- Knowledge of social marketing literature
- Major theories of behavior change
- Planning, developing and tracking marketing and communications efforts
  (One respondent suggested hiring an “associate research director from an ad agency”)

Personnel Classification

- A personnel level with “some clout”
- A level that requires a Master's degree

Degree Required

- Master's
  (Master’s degree “valuable, but not essential”)

Programmatic Generalist vs. Specialist

- Generalist
  (One respondent commented that the position can be given a higher grade if the person is a generalist)

* indicates the number of list serve responders that replied similarly. In this case, 3 people responded that a Social Marketing Consultant should have "real world" commercial or social marketing experience. There are several hundred list serve subscribers.

Functions of Social Marketing Consultant Position

I. Manage Social Marketing Programs/Initiatives
(Provide, or if arranged for, oversee "big picture")

- Plan marketing initiatives
- Review relevant data about problem or issue
- Conduct formative research
- Segment audiences
- Identify determinants of behavior
• Develop and implement interventions
• Monitor and make adjustments in interventions
• Evaluate outcome and impact
• Manage budget
• Involve stakeholders
• Contact and relate to other resources (creative agencies, evaluators, media outlets, etc.)

II. Provide Consultation on Application to Other Program Efforts and/or Staff

• Consultation skills
• Technical Assistance skills
• Clearinghouse for current resources and “best practices”
• Link staff with appropriate resources

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Social Marketing Position Classification

*Division of Public Health*
North Carolina Department of Health and Human Services

I. Background Information

A. Structure and Primary Purpose of Organizational Unit

The mission of the North Carolina Division of Public Health (DPH) is to improve the health of communities and individuals in North Carolina. This mission is fulfilled through leadership, community capacity building, promotion of healthful living, disease prevention and reduction of the risks and consequences of the leading causes of death. The leading causes of death and disability in North Carolina are heart disease, cancer, stroke, injuries, diabetes, osteoporosis and arthritis. Within the Division, the Health Promotion and Disease Prevention Section focuses on the prevention of these diseases through the promotion of healthy lifestyles, screening, and the encouragement of community collaboration.

B. Primary Purpose of Position

The primary purpose of this position is to provide consultation, technical assistance, professional development/training and management support in the area of social marketing for the North Carolina’s Division of Public Health. **Social marketing is the application of commercial marketing strategies and tactics to bring about beneficial changes in behavior among members of a select, and narrowly defined, target audience.** Social marketing uses mass communication, education, and behavioral science to tailor behavior change interventions so members of a target audience will more likely adopt the desired health-related behavior(s). Social marketing is deeply rooted in methods of consumer research, commercial marketing, formative evaluation and pre-testing and behavioral theory. Social marketing programs are characterized by:
1) their focus on beneficial behavior change;  
2) the absence of profit or gain as a motive of the sponsoring agency; and  
3) their reliance on empirical data for decision making.

This position will work across program and administrative units within the Division of Public Health to provide the following services:

- Consultation and technical assistance with the design and development of public health social marketing interventions and programs;
- Technical assistance to DPH staff in the collection, analysis and use of relevant social marketing data including, but not limited to, information from health marketing databases such as PRIZM (Claritas);
- Design, development and establishment of appropriate administrative and management systems, procedures and policies to ensure the highest professional level of social marketing programming within the Division;
- Review and evaluation of state-level public health social marketing programs;
- Research and development of training and professional development opportunities in social marketing and health communication for public health personnel;
- Consultation and technical assistance to regional health education consultants and the Office of Healthy Carolinians;
- Participation in local and national social marketing activities and programs including social marketing training and professional development opportunities; and
- Resources permitting, technical assistance and support to local public health agencies in the design, development, implementation and evaluation of social marketing initiatives.

This position not only requires a professional level of technical knowledge in social marketing, health communication and public health program development, but also strong administrative and management skills since some of the work will involve capacity development and institutionalization within the Division of Public Health.

C. Work Schedule

The Health Promotion and Disease Prevention Section operates on “flex time,” with hours from 7:30 AM – 5:30 PM. This position will work a standard 8-hour shift within these hours. The assigned work may exceed the designated hours since travel to meetings, conferences (local, state, national), local public health agencies and/or Healthy Carolinians coalitions is involved. Traveling may necessitate departing from the workstation earlier and returning later than scheduled hours. Conferences, workshops or meetings will almost certainly require night meetings and overnight stays.

II. Position Description

A. Description of Responsibilities and Duties (Order of Importance)

40% - Consultation and Technical Assistance to DPH

Provide technical assistance and consultation to DPH program and/or administrative units in social marketing and health communication. This work will require the employee to work directly with program managers and their staff - specifically health educators who have been assigned
social marketing and/or health communication responsibilities. In addition, the employee may be called upon to provide similar technical assistance and consultation to a local public health agency. In this capacity, the employee will serve as a primary link between state and local public health efforts to bring about health-related behavior change. This employee will be a primary source of support and assistance for capacity building in the areas of social marketing and health communication.

20% - Consultation, Technical Assistance and Training to Regional Health Education Employees

A primary responsibility of this employee will be to coordinate training and consultation to regional health education employees in the areas of social marketing and health communication, thus expanding the capacity of the state to support effective public health interventions at the local level. In some cases, this employee may be asked to assist with developing social marketing capacity for local Healthy Carolinians coalitions. In such cases, this employee would work with, and through, regional health education employees and the Office of Healthy Carolinians.

20% - Coordination and Assessment of Continuing Education and Training in Social Marketing and Health Communication

Coordinate continuing professional education and training activities in the areas of social marketing and health communication for both state and local public health staff. This would include, but not be limited to, managing the “Media Facilitator” training program that is currently offered annually to state and local health department employees. The employee will be expected to direct the ongoing assessment of social marketing and health communication training and perform needs assessment activities in support of additional training development.

10% - Administrative and Management Systems Capacity Development to Support Social Marketing

This employee will be assigned responsibilities in the area of institutional capacity development. Specifically, providing consultation and support for the development of management and administrative systems, policies and/or procedures within HPDP to ensure a professional level of quality for public health social marketing programs. In addition, the employee will be expected to initiate and manage an information dissemination program to inform public health agencies and their partners about recent developments in the field of social marketing and health communication.

5% - Public Awareness Advisory Committee/North Carolina’s Turning Point

This employee will be expected to participate as a member of the North Carolina Public Awareness Advisory Committee and (for its duration) the North Carolina Turning Point Steering Committee.

5% - Other Responsibilities

This position will have routine responsibilities within HPDP or other programmatic units within DPH. These duties may include participation in various Section or Branch meetings as assigned
by the supervisor. The employee will be required to develop an annual work plan that will be the basis for his/her work. This plan, along with regular progress reports, will be provided to the supervisor and evaluated against appropriate performance measures.

B. Other Position Characteristics

1. Accuracy Required in Work

Because this position will work directly with public officials, local leaders and professional organizations from both within and without North Carolina, it is critically important that the employee be highly skilled in carrying out assigned job responsibilities. This will require the exercise of professional judgment in ambiguous situations, the capacity to communicate clearly and articulate complex ideas and proposals, and the ability to manage multiple tasks simultaneously. The work will require adherence to medical, legal and administrative policies and procedures as well as contract and administrative law, health communication and social marketing theory and methods, and the capacity to integrate social science research findings into public health practice.

2. Consequences of Error

The consequences of error would include inadequate or ineffective public health programming and services for the prevention of disease, disability and premature death. Specifically:

- The inability to adequately reach specific target audiences in need of information and/or clinical and preventive services;
- The aggravation of existing health disparities in North Carolina;
- The threat to existing relationships between the state and local public health agencies, local Healthy Carolinians coalitions, local and state public health partners including grant making organizations such as The Robert Wood Johnson Foundation; and
- Degradation of the image of public health as an essential component of quality of life in North Carolina.

3. Instruction Provided to Employee

Basic guidance for the work of the employee, including orientation to the job, development of an annual work plan and performance measures, and establishment of a working schedule/calendar will be provided by a designated supervisor. The employee will be afforded the opportunity to exercise independent judgment and discretion in carrying out the duties of this position. The employee will also be held accountable for official directives from the state that affects this position.

4. Guides, Regulations, Policies and References Used by Employee

This employee will use a variety of discipline-specific reference materials relating to public health social marketing and communication, including (but not limited to) journal articles, books, conference proceedings, etc. In addition, the employee’s work may be informed by the DHHS
Operating Procedures Manual, the Division of Public Health Administrative Rules, and other standards of practice that may apply.

5. Supervision Received by Employee

An annual Performance Management Work Plan will be the basis for supervision for the employee. This plan will be reviewed formally at least once, mid-way through the fiscal year. The Chief, HPDP, will conduct this review, as well as the annual performance review. In addition, the Chief will meet monthly with the employee to review progress and discuss future work.

6. Variety and Purpose of Personal Contacts

This employee will be required to work directly with a variety of public health partners and stakeholders in order to effectively carry out the assigned responsibilities of the position. The purpose of these contacts will be advance the use of social marketing in public health through discussions, negotiations, formal and informal presentations, consultation, training, and information dissemination. It is expected that the nature of these contacts will frequently be interpersonal, although some relationships may take place via telephone, email, or teleconferencing. Personal contacts necessary to effectively discharge the duties of the position will include, but not be limited to:

- Program managers within the Division of Public Health;
- Regional Health Education Consultants
- Local public health department staff and administration;
- Local Healthy Carolinians coalitions;
- School of Public Health faculty and staff;
- Public and private entities involved in health promotion initiatives; and
- Public health and human service professional organizations.

7. Physical Effort

The nature of this position requires that the employee travel frequently. Work-related travel to counties within North Carolina may be involved, but so will travel to out-of-state meetings and conferences. This travel may extend beyond normal working hours and will periodically require an overnight stay. The employee must be able to sustain a level of stamina required for discharging the duties of the position. Visual acuity for computer work and a reasonable level of cardiovascular and muscular-skeletal fitness are highly desirable. This employee position requires a level of physical activity above and beyond the normal “desk job.” No extreme physical effort is required.

8. Work Environment and Conditions

The work environment is generally expected to be an office setting, with frequent travel within North Carolina and occasional travel outside of the state. The work environment will vary depending upon the particular situation or context in which the employee is working. Because of the wide variety of working environments both within and without the public health system, the employee must be flexible and adaptable to diverse work settings.

9. Machines, Tools, Instruments, Equipment and Materials Used
This employee will almost certainly use the following equipment on a daily basis: personal computer/printer, telephone and fax, and standard office equipment. In addition, the employee must have a valid North Carolina driver’s license and know how to safely operate an automobile. This position requires knowledge of a variety of computer operating system software and application programs, working knowledge of the Internet, familiarity with marketing databases, and the facility to use technology in support of assigned work.

10. Visual Attention, Mental Concentration and Manipulative Skills

There are no unique requirements for visual attention other than those required to carry out the duties and responsibilities described previously, or for the routine operation of equipment necessary for the job. A high degree of mental concentration and discipline is required since this position will require the employee to organize complex work assignments that need to be planned and delivered through multiple channels to a variety of audiences.

11. Safety for Others

There are no particular hazards or work procedures that could potentially be harmful to others if the assigned duties are performed according to established policies and procedures. Travel in private or state-owned automobiles on state business will require the employee to follow traffic laws including wearing seat belts. Since all public health work has the potential for affecting the quality of life for North Carolina’s residents, it is incumbent on the employee to maintain a professional level of integrity in the work performed.

12. Dynamic of Work

This position can be complex and demanding. It will require the employee to develop and sustain a variety of working relationships across the state, coordinate multiple tasks and assignments, communicate effectively, and remain abreast of current knowledge in the areas of health communication and social marketing. The complexity of this position requires a resourceful, flexible individual who can perform successfully in a position with continuous new challenges and opportunities.

III. Knowledge, Skills, Abilities, and Training and Experience Requirements

A. Knowledge, Skills and Abilities

The employee must have significant levels of experience, knowledge, skills and demonstrated ability in the following areas:

- Public health social marketing;
- Health communication;
- Health promotion and health education program design and implementation;
- Marketing research and data analysis;
- North Carolina’s public health system;
- Adult education, training and professional development;
- Public health program evaluation;
- Developing and sustaining professional, interpersonal relationships;
• Presenting ideas and information effectively, including the ability to write coherently and articulate complex ideas both orally and in writing; and
• Applying electronic technology to emerging problems in the area of public health social marketing and health communication.

B. Training and Experience

1. Required Minimum Training

A master’s degree in public health, social work, nursing, psychology or related field and one year of experience in a related health or human services program; or, graduation from a four year college with three years of administrative, consultative or counseling experience in a related health or human service program.

2. Additional Training and Experience

A candidate with consulting experience, preferably in the area of social marketing and/or health communication is preferred. Ideally, this candidate will be familiar with the application of social marketing programs within a public health agency and marketing research methods. In addition, he/she will have experience in the design, dissemination and evaluation of health messages for behavior change, and will be committed to a personal program of continuing professional development.

3. Equivalent Training and Experience

Management prefers a candidate with demonstrated knowledge and experience in research, application, and training of social marketing and consumer-based health communication principles for public health program design, implementation and evaluation. Acquisition of this knowledge through experience in the private sector is acceptable.

License or Certification Required by Statute or Regulation

None
References & Resources


TurningPoint Collaborative. The manager’s guide to social marketing. Available from: http://www.socialmarketingcollaborative.org/smc/managers.html
