Upstream Social Marketing

Policies and Laws
Living Conditions
Discrimination
Social Networks
Violence
Social Gradients
Transportation
Social Capital
Social Support
Income
Culture
Education

Individual and Community Health

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Learning Objectives

• Explain importance of moving upstream
  – Social determinants of health
    – Policy makers, decision makers, implementers, regulators, funders, police, other influencers

• Describe upstream social marketing approaches

• Apply upstream social marketing to your program and projects
Why Move Upstream

• Unfair to expect individuals to use healthy behaviors
  – Even if motivated because many barriers make it difficult

• Social environment we live in has an extremely marked impact on our choices
  – Determinants of health
    • Emphasized in

• Our behavior is only partially under our own control
Why Use Upstream Social Marketing

• A social determinant may seem
  – Too big to tackle
  – Out of bounds because it is not specifically health-related

• Can’t understand many health problems without acknowledging **predisposing causal factors**
Monitor and evaluate for:
- Behavioral outcomes
- Specific risk factors, disease, and conditions
- Injuries
- Well-being and health-related Quality of Life
- Health equity

Planning:
- Needs assessment
- Market research and strategy
- Interventions*
  - Policies
  - Programs
  - Services
  - Health marketing

Outcomes**
- Monitor and evaluate for:
  - Behavioral outcomes
  - Specific risk factors, disease, and conditions
  - Injuries
  - Well-being and health-related Quality of Life
  - Health equity

Cost Effective: Evidence-based, -informed; ROI >1:1; <$50,000 QALY; ** SMART: Specific, measurable, achievable, realistic, time-specific
Why Use Upstream Social Marketing

• Social marketing is appropriate
  – whenever you have a behavior to influence
  – for motivating a bureaucrat to approve implementing new or existing
    • Laws or regulations that would contribute to increase social welfare
    • Evidence-based/-informed actions and interventions
    • Theories, approaches and models
Social Marketing Jeopardy  #9

The behaviors and related benefits that the target audience are accustomed to or may prefer over the behavior you are promoting.

Competition
Evolution of Health & Wellness

Name of Model

Traditional Medical Model and Health Education

Main Features

Fun activity focus
No risk reduction
No high risk focus
Not HCM* oriented
All voluntary
Site-based only
No personalization
Minimal incentives
No sig. others served
No assessment/eval

Primary Focus

Morale Oriented

* = Health Cost Management, NOTE: chart adapted from Chapman, see notes section for reference.
Evolution of Health & Wellness

**Name of Model**

- **Traditional Medical Model and Health Education**
  - Fun activity focus
  - No risk reduction
  - No high risk focus
  - Not HCM* oriented
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- **Traditional Medical and Health Promotion**
  - Mostly health focus
  - Some risk reduction
  - Little risk reduction
  - Limited HCM oriented
  - All voluntary
  - Site-based only
  - Weak personalization
  - Modest incentives
  - Few sig. others served
  - Weak assess/eval

**Main Features**

- **Morale Oriented**
- **Activity Oriented**

**Primary Focus**

- **Upstream Social Marketing**

* = Health Cost Management, NOTE: chart adapted from Chapman, see notes section for reference.
Businesses

Evolution of Health & Wellness

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| Traditional Medical and Health Promotion          | Mostly health focus                                                           |
|                                                   | Some risk reduction                                                           |
|                                                   | Little risk reduction                                                         |
|                                                   | Limited HCM oriented                                                          |
|                                                   | All voluntary                                                                 |
|                                                   | Site-based only                                                               |
|                                                   | Weak personalization                                                          |
|                                                   | Modest incentives                                                             |
|                                                   | Few sig. others served                                                        |
|                                                   | Weak assess/eval                                                              |

| Health and Productivity Management                | Add productivity                                                              |
|                                                   | Strong risk reduction                                                         |
|                                                   | Strong high risk focus                                                        |
|                                                   | Strong HCM oriented                                                           |
|                                                   | Some reqd activity                                                            |
|                                                   | Site and virtual both                                                         |
|                                                   | Strongly personal                                                             |
|                                                   | Major incentives                                                              |
|                                                   | Many spouses served                                                           |
|                                                   | Rigorous evaluation                                                           |

Primary Focus

| Morale Oriented                                   | Results-Oriented                                                              |

| Activity Oriented                                 |                                                                            |

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Schools and Colleges and Universities

Evolution of Health & Wellness

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<th>Primary Focus</th>
<th>Results / Outcome Oriented</th>
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No risk reduction  
No high risk focus  
Not HCM* oriented  
All voluntary  
Site-based only  
No personalization  
Minimal incentives  
No sig. others served  
No assessment/eval | Morale Oriented | Health and Academic Performance Management  
Focus on student learning  
Strong risk reduction  
Strong high risk focus  
SHS, campus & virtual  
Strongly segmented audience  
Major incentives  
Sig. others served  
Rigorous assess/eval |
| Traditional Medical and Health Promotion | Mostly health focus  
Some risk reduction  
Little risk reduction  
Limited HCM oriented  
All voluntary  
Site-based only  
Weak personalization  
Modest incentives  
Few sig. others served  
Weak assess/eval | Activity Oriented | |

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Social Marketing Jeopardy  #10

This P is where and when the target audience 1) will perform the desired behavior or 2) will access program products/services or 3) is thinking about your health issue.

Place
• Customer orientation
• Behavior
• Theory
• Insight
• Exchanges
• Competition

• Audience segmentation and targeting
• Marketing mix

– Continuous and strategic formative & process research, monitoring and evaluating
Alan Andreasen’s Approach

• Process
  – Listening
  – Planning
  – Pretesting
  – Implementing
  – Monitoring
  – Revising

• Concepts and tools
  – Stages of change
  – BCOS
    • Benefits, Costs, Others, Self-assurance
  – Competition

• Others concepts
  – Segmentation, 4Ps, Branding
• CDCynergy's Competitive Advantage
  – Extremely pre/post tested
  – Distills comprehensive best practices
  – Vetted by major players in social marketing
  – Over 700 resources
  – CDC originated
  – Use CDCynergy for funding requests
    • Looked on very favorably!!
  – Recognized nationally and internationally

• Phases
  1. Problem description
  2. Market research
  3. Market strategy
  4. Interventions
  5. Evaluation
  6. Implementation
Social Marketing Jeopardy  #11

This P includes the communication messages, materials, channels and activities that will effectively reach your audience.

Promotion
## Logic Model

**TARGET AUDIENCE(S)**

In order to help this specific target audience:
- (start text here)
- (start text here)
- (start text here)

**BEHAVIOR CHANGE(S)**

Do this specific behavior:
- (start text here)
- (start text here)
- (start text here)

**EXCHANGES/ BENEFITS**

We will offer these benefits that the audience wants:
- (start text here)
- (start text here)
- (start text here)

**STRATEGY**

And lower these barriers, address these ‘Ps’:
- (start text here)
- (start text here)
- (start text here)

### Through these intervention activities and tactics:

<table>
<thead>
<tr>
<th>Behavior Change Goals</th>
<th>Activities and Tactics</th>
<th>Program Delivery &amp; Reach Objectives</th>
<th>Outcome Objectives</th>
<th>Resources Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start text here</td>
<td>Start text here</td>
<td>Start text here</td>
<td>Start text here</td>
<td>Start text here</td>
</tr>
</tbody>
</table>
Phase 1: Problem Description

1. Write a problem statement
2. List and map the causes of the health problem
3. Identify potential audiences
4. Identify the models of behavior change and best practices
5. Form your strategy team
6. Conduct a SWOT analysis

* These are Logic Model items
Phase 2: Market Research

1. Define your research questions
2. Develop a market research plan
3. Conduct and analyze market research
4. Summarize research results
Phase 3: Market Strategy

1. Select your target audience segments
2. Define current and desired behaviors for each audience segment
3. Describe the benefits you will offer
4. Write your behavior change goal(s)
5. Select the intervention(s) you will develop for your program
6. Write the goal for each intervention
Phase 4: Interventions

1. Select members and assign roles for your planning team
2. Write specific, measurable objectives for each intervention activity
3. Write a program plan, including timeline and budget, for each intervention
4. Pretest, pilot test, and revise as needed
5. Summarize your program plan and review the factors that can affect it
6. Confirm plans with stakeholders
Phase 5: Evaluation

1. Identify program elements to monitor
2. Select the key evaluation questions
3. Determine how the information will be gathered
4. Develop a data analysis and reporting plan
Phase 6: Implementation

1. Prepare for launch
2. Execute and manage intervention components
3. Execute and manage the monitoring and evaluation plans
4. Modify intervention activities, as feedback indicates
Social Marketing Jeopardy    #12

This P refers to the costs (financial, emotional, psychological, or time) or barriers the audience members face in making the desired behavior change.

Price
Learning Objectives

• Explained importance of moving upstream
  – Social determinants of health
    – Policy makers, decision makers, implementers, regulators, funders, other influencers
• Described upstream social marketing approaches
• Next - Apply upstream social marketing your work
Extra Slides
Intervention Pyramid

- **Policies**
  - Health Communication, Social Ecological Model & Social Marketing
  - Community & Neighborhood Collaboration
  - Health Systems
    - Activities w/ Health Education
  - Specialty Care
    - Activities no feedback
  - Primary Care
  - Upstream Social Marketing

**Reach**

- **Low**
- **High**

**Cost**

- **Low**
- **High**

Upstream Social Marketing
# Levels of Interventions & Wellness Program ROIs

<table>
<thead>
<tr>
<th>Program Levels</th>
<th>Intervention Levels</th>
<th>Quality of Life</th>
<th>Traditional</th>
<th>Health &amp; Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Awareness</td>
<td>Information, no feedback</td>
<td>&lt;1:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IIa. Behavior Change</td>
<td>Health education w follow-up</td>
<td>3:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IIb. Behavior Change</td>
<td>Targeted priority health issues with Social Marketing</td>
<td>6:1 to &gt;15:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Supportive Environment</td>
<td>Ecological Approach, Policies</td>
<td>&gt;15:1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Continuum of Services

- **Intensive**
  - For students at highest risk of engaging in high behaviors or already having a health problem

- **Early Intervention**
  - For students at risk of engaging in high behaviors or already having the health problem

- **Universal Prevention**
  - For all students, regardless of risk to delay or prevent health problems

From Dept of Education Safe Schools / Healthy Students Grant Guidelines