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## **HEALTH EDUCATION & HEALTH MESSAGING**

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### **Key Principles**

It is often said that knowledge does not necessarily lead to practice. However, knowledge remains an indispensable first step in changing an individual's 'negative' behavior to a more 'positive' pattern. Most health promotion strategies assist individuals in changing health risk behaviors: self-help pamphlet distribution, individual counseling, group education classes, support groups and health risk appraisals. Although one-on-one education is essential, careful evaluation of these strategies has shown that long-term behavior change is very difficult for most participants. The failure rate can be 80% or more.<sup>1</sup> The best predictor of health behavior and long-lasting successful behavior change is often the "culture" in which a person lives.

Changing habits may begin at the individual or family level, but maintaining change relies on reinforcement and approval at the community level. Program efforts need to focus on the whole community so that it becomes positive and enabling, one in which the family, the media, employers, educators, faith communities, voluntary and professional organizations, health care institutions and government all take an active and positive role in changing those factors in the community which continue to place people at risk. The most successful health education model which would affect long-term health behavior must look into changing the community (cultural) norms through education and community organization. To be effective, health education programs must take into consideration both theoretical individual

behavioral change models as well as effective mass communication techniques.

The health communications field has been rapidly changing over the past two decades. It has evolved from a one-dimensional reliance on public service announcements to a more sophisticated approach which draws from successful techniques used by commercial marketers, termed "social marketing." Rather than dictating the way that information is to be conveyed from the top-down, public health professionals are learning to listen to the needs and desires of the target audience themselves and building the program accordingly. This focus on the "consumer" involves in-depth research and constant re-evaluation of every aspect of the program. In fact, research and evaluation together form the very cornerstone of the social marketing process.

Social marketing was "born" as a discipline in the 1970s, when Philip Kotler and Gerald Zaltman realized that the same marketing principles that were being used to sell products to consumers could be used to "sell" ideas, attitudes and behaviors. Kotler and Andreasen define social marketing as "differing from other areas of marketing only with respect to the objectives of the marketer and his or her organization. Social marketing seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society." Social Marketing combines the best elements of the traditional approaches to social change in an integrated planning and action framework, and utilizes advances in communication technology and marketing skills. It uses

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<sup>1</sup> <http://www.health.state.mn.us/divs/fh/chp/hpkit/#whyapp>

marketing techniques to generate discussion and promote information, attitudes, values and behaviors. By doing so, it helps to create a climate conducive to behavioral change.<sup>2</sup>

## **General Guidelines for Implementing Effective Health Messaging/Social Marketing**

Like commercial marketing, the primary focus of social marketing is on the consumer--on learning what people want and need rather than trying to persuade them to buy what we happen to be producing. Marketing talks to the consumer, not about the product. The planning process takes this consumer focus into account by addressing the elements of the "marketing mix" which looks at the key decision elements: 1) the conception of a Product, 2) Price, 3) distribution (Place), and 4) Promotion. These are often called the "Four Ps" of marketing. Social marketing also adds a few more "P's."

### **1. Product**

The social marketing "product" is not necessarily a physical offering. A continuum of products exists, ranging from tangible, physical products (e.g., condoms), to services (e.g., medical exams), practices (e.g., breastfeeding, ORT or eating a heart-healthy diet) and finally, more intangible ideas (e.g., environmental protection). In order to have a viable product, people must first perceive that they have a genuine problem, and that the product offering is a good solution for that problem. The role of research here is to discover the consumers' perceptions of the problem and the product, and to determine how important they feel it is to take action against the problem.

### **2. Price**

"Price" refers to what the consumer must do in order to obtain the social marketing product.

This cost may be monetary, or it may instead require the consumer to give up intangibles, such as time or effort, or to risk embarrassment and disapproval. If the costs outweigh the benefits for an individual, the perceived value of the offering will be low and it will be unlikely to be adopted. However, if the benefits are perceived as greater than their costs, chances of trial and adoption of the product is much greater.

### **3. Place**

"Place" describes the way that the product reaches the consumer. For a tangible product, this refers to the distribution system--including the warehouse, trucks, sales force, retail outlets where it is sold, or places where it is given out for free. For an intangible product, place is less clear-cut, but refers to decisions about the channels through which consumers are reached with information or training. This may include doctors' offices, shopping malls, mass media vehicles or in-home demonstrations. Another element of place is deciding how to ensure accessibility of the offering and quality of the service delivery. By determining the activities and habits of the target audience, as well as their experience and satisfaction with the existing delivery system, researchers can pinpoint the most ideal means of distribution for the offering.

### **4. Promotion**

Finally, the last "P" is promotion. Because of its visibility, this element is often mistakenly thought of as comprising the whole of social marketing. However, as can be seen by the previous discussion, it is only one piece. Promotion consists of the integrated use of advertising, public relations, promotions, media advocacy, personal selling and entertainment vehicles. The focus is on creating and sustaining demand for the product. Public service announcements or paid ads are one way, but there are other methods such as coupons, media events, editorials, "Tupperware"-style parties or in-store displays. Research is crucial to

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<sup>2</sup> [http://www.hc-sc.gc.ca/english/socialmarketing/social\\_marketing/whatis.html](http://www.hc-sc.gc.ca/english/socialmarketing/social_marketing/whatis.html)

determine the most effective and efficient vehicles to reach the target audience and increase demand.

### Additional Social Marketing "P's"

**Publics**--Social marketers often have many different audiences that their program has to address in order to be successful. "Publics" refers to both the external and internal groups involved in the program. External publics include the target audience, secondary audiences, policymakers, and gatekeepers, while the internal publics are those who are involved in some way with either approval or implementation of the program.

**Partnership**--Social and health issues are often so complex that one agency can't make a dent by itself. You need to team up with other organizations in the community to really be effective. You need to figure out which organizations have similar goals to yours--not necessarily the same goals--and identify ways you can work together.

**Policy**--Social marketing programs can do well in motivating individual behavior change, but that is difficult to sustain unless the environment they're in supports that change for the long run. Often, policy change is needed, and media advocacy programs can be an effective complement to a social marketing program.

## ***Steps for Implementing Community Health Messaging***

The below framework for implementing community health messaging is taken from a Community Health Promotion Kit developed by The Minnesota Department of Health in 1995.<sup>3</sup> Knowing well that all communities are different, it is not the intent here to outline the following

steps as the only way to do a program. Some of the material will be applicable to one community and not in others, the hope is that the reader will pick and choose what may work within a specific group/community and tailor it to that setting. The kit describes five phases for effective community health promotion; these phases are outlined in greater detail below:

### **Phase One: Community Assessment**

During this phase, community members determine priority health problems, the risk factors that contribute to the health problems, and the influences on risk factors in their community. Community leaders and community resources are identified.

Activities include:

- **Define the Community.** The term "community" has multiple meanings. In order to complete a community assessment and determine the health of a community, decisions must be made about the following questions: How large is it? (A neighborhood, a city, or a county?) What are its major social institutions or sectors? (Education, health, recreation, business, faith, media, civic organizations, government, etc. What are the patterns of social interaction? (Clubs and networks) Where is the social control? (Influence groups, key decision-makers, power structures) Who constitutes the community? (Special populations as high percentage of teens or elderly).
- **Collect or review data that will help identify key community health problems related to chronic diseases.** Examples of the types of data to be collected could include morbidity and mortality data, key demographic data and health status data.
- **Identify the risk factors that contribute to chronic diseases and their prevalence in the community.**

<sup>3</sup> <http://www.health.state.mn.us/divs/fh/chp/hpkit/#whyapp>

- **Examine other factors in the community that influence risk factor behavior.**
- **Conduct a Community Opinion Survey and/or a Community Resource Inventory.** A community opinion survey helps determine what is perceived to be the major community health problems, while a resource inventory identifies what resources exist in the community to meet health needs. The procedure for both includes interviews with identified community leaders. The opinion survey and the resource inventory data will provide information on the level of awareness of people in the community, indicate allies, and suggest how to approach the community.
- **Analyze the collected data.** Collect as much community specific data as possible. Organizing and summarizing data into charts and graphs that are easily viewed and understood by others is important.
- **Formulate Initial Goal Statements.**

**Phase Two: Community Organization**

Community awareness and participation are critical to the success of community-based health promotion efforts. Community organization is the vehicle that informs and involves people in the project. The community is mobilized through ever-increasing involvement of its leaders and citizens.

- **Assemble a Core Planning Group** The core group may be assembled before and participate in the data collection or it may be assembled after data collection is completed.
- **Identify target populations and likely successful interventions.**  
Based on data and the collective wisdom of the core group, target

populations and possible interventions are discussed.

- **Write measurable objectives/develop a work plan.**
- **Identify potential coalition members.** Representation of all major community "institutional" sectors is important. The coalition members should represent all the sectors of the community, including commercial, volunteer, political, religious, recreational, medical, public health, and media.

For example, a coalition may include representatives from the following groups:

Public/Private School	Community College
Hospital	Industry
Newspaper/Radio/TV	Vocational School
Private Health Organization	Primary Care Clinic
CHS Agency	Faith Community
Banking	City Government

- **Recruit Coalition Members.**
- **Clarify the coalition mission and each of the members roles within the mission.** The need for clear roles and expectations for coalition members is paramount to a successful effort. Without a clear mission, people work at cross purposes and when difficulties arise, they can become fatal obstacles. Coalition members need to see themselves working toward a common goal and should be able to describe the goal of the coalition and their role in its work in a few short words.
- **Work to build involvement, ownership and consensus.** Active involvement by coalition members is critical. However, it may take 6-10 months to build mutual respect and program ownership.

Members need training and sufficient time to "digest" this type of broad public health program. Training about health promotion and project goals will help members feel confident of their participation in decision-making. Training may take many forms, such as inservices or weekend seminars with family members invited. Devoting a portion of each meeting to training yields long-term benefits.

supportive environment. Typically, the community assessment will have identified the strengths and weaknesses of the community's ability to make these three types of change. The health promotion program can be designed to take advantage of the strengths while addressing the weaknesses. All three are necessary for long-term behavior change to occur.

- **Present coalition responsibilities for acceptance by the group.** The coalition's overall responsibility is to plan and coordinate community wide program activities. This is a self-directed group, however, and will need to discuss and determine its own methods of accomplishing the goal.
- **Organize task forces.** The coalition may decide that task forces are needed to concentrate on specific health risk areas such as smoking, nutrition, and exercise. Organizing task forces broadens the base of community support and involvement in the project, but will be dependent on the size of the community and goals of the coalition. A coalition member typically chairs a task force.

### **Phase Three: Program Design and Implementation**

During program design, decisions will be made on the content, level of intensity and topic areas for the programs. Implementation translates design into effectively operating programs. It requires precise planning of the details of an implementation plan and then executing the implementation plan.

- **Determine the type of program.** Health promotion programs will emphasize one of three types of change: awareness, lifestyle change, or

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### *Type of Health Promotion Programs*

<b>Awareness Programs</b>	<p>Increase the participant level of awareness or interest in the topic. Examples include: newsletters, posters, health fairs, health screening. Actual behavior change or improvement in health does not usually happen as a result of this type of program. However, awareness programs offered in conjunction with other programs are very useful and necessary to motivate people to attend lifestyle change programs.</p>
<b>Lifestyle Change</b>	<p>Intended to change the behavior of the participants. Behavior modification, experiential learning and skill building activities all are used in lifestyle change programs. These programs need to continue at least eight to twelve weeks and occur in a supportive environment to have the potential for long-term impact. Examples include fitness classes and weight loss programs.</p>
<b>Supportive Environment</b>	<p>Intended to maintain a long-term, sustained, healthy lifestyle. Programs that intend to change environments focus on physical settings, policies, rewards, and recognition for role models, and on-going (lasting) programs. Examples include exercise facilities, restaurants and grocery stores with healthful foods, nonsmoking policies, and awards programs.</p>

- Determine the level of intensity of the program.** The level of intensity of the program determines the degree of success, but is affected by the resources, time, and staff available.
- Select program areas/topics.** The pros and cons of each possible program area should be thoroughly analyzed. What will be acceptable to the community and special target group?
- Determine potential obstacles and propose possible solutions.** There may be potential obstacles that will have to be overcome to successfully implement an activity. List the potential obstacles and brainstorm possible solutions.
- Identify resources needed to implement the proposed activity.** For each activity, resources such as instructors, facilities, equipment, and materials will need to be determined and the cost of each of these estimated. Task force members who represent organization may be able to bring independent resources to the activity and provide many of the needed program resources.

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## **Phase Four: Evaluation**

Evaluation is an integral part of the entire process of developing community-based health promotion programs. It is important to determine the extent to which proposed activities have been carried out (process evaluation) and the actual effectiveness of the program, i.e., what impact the program has had on the community's health risks (outcome). Evaluation must be planned during the initial stages of the program so that necessary records, observation, etc., are collected at the appropriate times. It is not possible to design an effective evaluation at the end of a project.

Whenever possible, evaluation should be based on objective evidence rather than observation. This type of "objective" evidence may include such things as activity reports, surveys, changes in scores, or changes in smoking rates.

- **Determine study population/sample.** What percentage of the target population is to be evaluated? What proportion of your risk group needs to be assessed to determine the effects of your program on the community and target group as a whole?
- **Develop and pretest forms for data collection.** Many tools already exist for data collection. An existing form can be adapted or a new one can be developed. For questionnaires, careful consideration must be given to the type of questions needed to elicit the proper responses. Pre-test the forms that you develop. Pre-testing is the process of measuring the effectiveness of the tool. It will help identify problems with wording, interpretation, or information gaps. After pre-testing, the forms may need to be revised and improved.
- **Collect Data.** Two considerations that need to be addressed include the

consistency of collection methods and the training of those collecting the data.

- **Organize and analyze the data.** Compile and analyze the information you selected and collected, bringing order to the data so that patterns can be identified. If applicable, compare pre and post program data. Ask whether the program made any difference and if so, how much?
- **Modify the programs.** Activities that are successful should be enhanced. Activities that were not successful should be improved or eliminated.

## **Phase Five: Sustaining the Effort**

Once programs have been evaluated and deemed successful, maintaining that success takes continued systematic planning, periodic review and active community support. The goal now is to integrate the programs into the community to ensure the maintenance of good health from generation to generation. The coalition may wish to establish specific times to follow-up on each of the activities listed below:

- **Review the current status of each program.** Based on the evaluation results, the coalition discusses questions such as: Should the program be continued? By whom? Does the program need improvement? If so, how? What programs can be eliminated?
- **Examine how the coalition and its sub-groups are functioning.** It's a good idea to have coalition members take a critical look at the coalition and its effectiveness. This could be an annual task of the group, or parts could be administered along the way.
- **Summarize the results.** Develop oral and written progress reports and

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present to the coalition, task forces, and the involved community organizations.

- **Update the assessments of community leaders and resources.** Communities are not static. New leaders will need to be identified and available resources in the community reviewed on a periodic basis.
- **Write new goal statements and objectives.**
- **Determine a timeline and plan the implementation steps for the new goals and objectives.**
- **Develop a systematic recognition plan.** On-going recognition awards and incentives for individuals and organizations are essential for the maintenance of the effort.
- **Inform the media.** The public awareness campaign continues to keep the community informed of the results of the program evaluations, the plans for continued successes and the recognition of involved people and organizations.
- **Continue to recruit and maintain volunteers.** Some member turnover is to be expected. Recruiting new coalition and task force members will need to be an on-going task. If volunteers understand the mission and their role in it, are trained and actively involved, are recognized for their efforts, and are supported by staff, the turnover problem will be kept to a minimum.

## Source Materials & Useful Resources

### Web-based links:

[http://www.hc-sc.gc.ca/english/socialmarketing/social\\_marketing/whatis.html](http://www.hc-sc.gc.ca/english/socialmarketing/social_marketing/whatis.html)  
<http://www.health.state.mn.us/divs/fh/chp/hpkit/#whyapp>  
<http://www.phf.org/PerformanceTools/NPHSPtools-EPHS-3.pdf>  
<http://www.toolsofchange.com/healthpromotion/healthpromotion2.htm>

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