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Social marketing guide for public health programme managers and practitioners

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Abbreviations

EFTA	European Free Trade Area
HCP	Healthcare provider
MRC	Medical Research Council
NICE	The National Institute of Health and Clinical Excellence
PESTLE	Political, Environmental, Social, Technological, Legal and Ethical issues
SMART	Specific, Measurable, Achievable, Reliable and Time bound
WHO	World Health Organization

Summary

The ECDC Social Marketing guide provides public health programme managers and practitioners with a summary of social marketing concepts and approaches. The guide introduces key principles and action steps that can be applied when considering, implementing and/or evaluating social marketing approaches as a part of communicable disease prevention activities or other public health programmes. Social marketing is defined as an approach that seeks to integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for social good. This approach draws on data about beliefs, attitudes and behaviours, behavioural theory, and experiential evidence, about what works and doesn't work in changing behaviours, to develop public health interventions. Social marketing also incorporates input from end-users, stakeholders, partners and an analysis of external competitive forces that either encourage or restrict desired behaviours.

The guide has three parts. Part 1 introduces the basic social marketing principles and concepts. Part 2 focuses on presenting a logical framework for applying social marketing in the development and implementation of communicable disease and other public health interventions. Part 3 provides a compendium of workflow sheets, checklists and memory aides to support public health programme managers and practitioners in undertaking these activities.

Introduction

The aim with this guide is to provide public health programme managers and practitioners with an accessible summary of what social marketing is and how to use its core concepts and approaches in planning, implementing and evaluating communicable disease prevention activities or programmes. Recent studies have shown that social marketing, as part of a comprehensive public health strategy, can be an effective approach to better understand and positively influence people's behaviours related to the prevention and control of communicable diseases [1, 2].

Throughout the document, examples drawn from practice are presented to illustrate various theories, concepts and approaches. Most of these examples relate to ECDC and other activities in contributing to prevention and control of measles (especially) and rubella within the context of World Health Organisation Regional Office for Europe priority of eliminating measles and rubella by 2015.

Example - UNICEF and the 2005/06 avian influenza outbreak in Turkey

During the 2005/06 avian influenza outbreak in Turkey, UNICEF coordinated a multisectoral multiagency task force that utilised social marketing techniques to deliver target-specific communications to 'hard-to-reach' high-risk populations. Focus groups and interviews were conducted with mothers living in the rural eastern part of Turkey to better understand their perceptions and risk behaviours (e.g. bringing chickens into the house to keep them warm), to identify messages and incentives that could reduce risk, and media/community channels (e.g. language specific radio and television broadcasts) that could deliver reliable understandable information appropriate to the language skills and literacy of the population. Intelligence gathered also informed advocacy strategies for poultry compensation policies. [3]

This guide is divided into three parts.

Part 1 focuses on why public health programmes can benefit from the application of social marketing principles, concepts and approaches. This part serves as an introductory planning guide to social marketing for those public health staff responsible for developing, commissioning and overseeing the delivery of programmes. Its aim is to help public health programme managers and practitioners understand the logic and potential added value of applying social marketing approaches. To this end it introduces a set of concepts and principles that can be used when considering, applying and/or evaluating social marketing approaches. It also reflects on ethical and economic implications of social marketing. Case studies in the communicable disease area are used to illustrate points throughout.

Part 2 focuses on how to apply social marketing concepts and principles. It identifies a set of four core action planning stages and associated tasks that can enable practitioners to develop and deliver an effective social marketing strategy. Case studies and examples from communicable diseases are used to illustrate the action steps described.

Part 3 provides a compendium of workflow sheets, checklists and memory aides to support public health programme managers and practitioners in undertaking activities related to the stages and tasks described in Part 2. An annex provides more detailed information on the characteristics of successful behavioural intervention planning.

This social marketing guide was developed through a collaborative (co-creation1) process that gathered input from frontline public health professionals who use social marketing in their daily work. The logic, content and organisation of the guide reflect their suggestions and recommendations. We see this guide as an evolving guide and would like to hear your feedback on ways it has been used and how it could be improved.

Using this guide

Context matters

Each public health service faces its own contextual challenges and different countries and settings have their own unique communication and marketing capacities and capabilities related to public health. We have therefore provided a set of concepts and tools that can be used in different contexts to strengthen existing approaches or act as a basic resource where these approaches are less developed.

Not a stand-alone approach

Social marketing is a systematic approach to public health interventions focused on influencing behaviour [4] but it should not be viewed as a stand-alone activity. Rather, it should be seen as complementary to health education, health promotion, risk communication and other community engagement strategies that are also focused on increasing understanding of people's perceptions, attitudes, knowledge and behaviours and strengthening public engagement and empowerment [5, 6]. Social marketing can also strengthen the health service, health system design and health policy interventions aimed at improving access and reducing barriers to public health action, including addressing issues related to health inequalities [7].

Real world planning

Most professionals tend in reality not to follow a set structured approach to developing, delivering and evaluating interventions intended to influence public behaviour related to infectious disease. This set of guides to social marketing accepts this reality and rather than setting out a fixed set of planning steps, sets out a set of concepts, a basic planning framework and then supplements this with a compendium of tools that professionals can use in a flexible way that best suits the particular challenges they face.

A case is worth a thousand words

An assortment of communicable disease related examples are used in these guides to social marketing to illustrate key social marketing concepts. For example, a sequence of case studies on how different social marketing concepts and principles can be applied to help public health programme managers and practitioners better understand and address measles vaccination uptake challenges are presented.

Learning from commercial approaches

Whilst much can be learned from commercial approaches, what works in the commercial sector is not necessarily valid for the health sector. A person, for example, does not think about getting a new disease in the same way that one thinks about getting a new car. Social marketing approaches that aim at social good, will need to adapt commercial approaches - that tend to focus on profits and individuals- and apply them in ways that reflect ethical standards and an understanding of the influence of environmental and social determinants of health

[1] Co-creation is a business strategy focusing on customer experience and interactive relationships. Co-creation allows and encourages a more active involvement from the customer to create a value rich experience. See http://www.businessdictionary.com/definition/co-creation.html#ixzz2zKcGmOIx

Measles vaccination case (a) - The Challenge- Outbreaks in Europe 2010-2012

Background

Vaccination rates for some preventable diseases in many EU Member States have dropped below recommended coverage rates needed to sustain protective community or so-called 'herd immunity'. This has left large pockets of susceptible populations in many EU countries, and once well-controlled diseases are now reappearing. In 2011, for example, more than 30 000 cases of measles were reported in the EU and European Free Trade Area (EFTA) countries. Cases were reported in all countries, except the island nations of Iceland and Cyprus. The outbreak of measles in the western part of Europe was amongst the largest in the world in 2011, with the highest number of cases in Germany, France, Belgium, Austria and Denmark. This is a public health failure. Measles is completely preventable and Europe has committed to eliminate its transmission by 2015.

Measles is not a harmless disease. One fifth of cases in the UK needed hospitalisation and eight people died from the disease in the EU in 2011. While the numbers of outbreaks and reported cases in Member States in 2012 (and 2013) were significantly lower than during 2011, the number of cases reported is still above the levels needed to achieve elimination by 2015. The key factor contributing to the European measles epidemic is sub-optimal vaccination uptake and reach that has left large population groups either unprotected or under-protected. The majority of European cases (90%) were amongst adolescents and adults who had not been vaccinated or for whom vaccination history was not reported [8].

In many places, current approaches are not working well enough. ECDC, WHO and other organisations have been looking at ways that social marketing concepts and approaches can be applied to increase measles uptake amongst currently un- and under-vaccinated populations.

1. What is social marketing?

Social marketing is a set of evidence and experience-based concepts and principles drawn from the field of marketing that provide a systematic approach to influence behaviours that benefit individuals and communities for the greater social good (see Figure 1). Like commercial marketing it is a fusion of science, practical 'know how' and reflective practice focused on continuously improving the effectiveness and efficiency of programmes [9]. 'Social Marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good' [10].

Figure 1. Stages in adopting a new behaviour

Making the case for social marketing

Numerous studies have shown that social marketing can be an effective approach to influencing behaviour in the field of public health. Social marketing approaches have been used for many years in designing, implementing and evaluating public health initiatives in the fight against HIV AIDS, malaria, influenza, diarrheal diseases and many other forms of communicable disease [11, 12, 13]. Social marketing has also been effectively used to tackle non-communicable disease challenges such as smoking and other social challenges such as environmental issues, safety and crime.

Social marketing approaches add value to public health programmes by providing systematic ways of actively engaging with end-users and a focus on behaviour change, relationship building, measureable objectives and integration of many intervention methods.

End-user driven

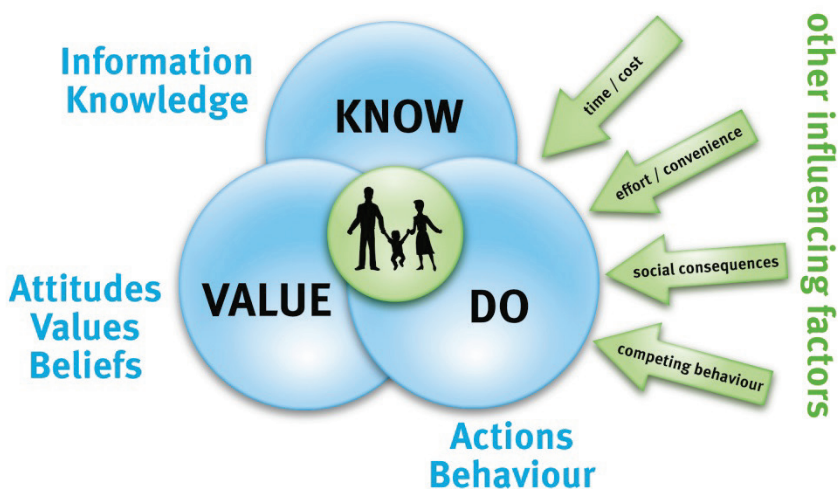
Many programmes are constructed by experts and policy planners who attempt to drive the behaviour changes they desire down through populations. This approach is influenced by political as well as by professional assessments of risk and solutions, but does not always include citizen/patient/consumer insight research. As a consequence the targeted people may misunderstand these interventions or view them as irrelevant and end up rejecting the proposed solutions. Social marketing approaches can be used to help engage end-users in the development, implementation and evaluation of policies and programmes. This is done by integrating insights from individuals, those that influence them (influencers) and other concerned people (stakeholders) into planning and implementation processes. This is further informed by social marketing research, evidence-based practice and the use of social-behavioural theories.

A focus on longer term behaviour change and relationship building

Many public health programmes are short term and focus their evaluation on process or outputs (e.g. number of vaccine information leaflets distributed) rather than changes in population behaviour (e.g. vaccination uptake). Applying social marketing approaches can help programmes enhance their focus on behavioural change outcomes. Social marketing is built on the understanding that behaviour change is a process not just an event and often requires sustained interventions over time. Social marketing also acknowledges that significant benefits can be gained in building long-term relationships, particularly when addressing issues like vaccination where trust has been shown to be a key element of compliance.

Social marketing recognises that what people know, and even people's attitudes, do not always impact on their actual behaviour. It seeks to understand people's motivations and needs as well as gain a better understanding of how the environments in which their actions take place influence behaviours. Social marketing, for example, looks at the behavioural impacts of various external influencers; such as, time constraints, convenience factors, social consequences, and competing behaviours (see Figure 2).

Figure 2. Factors influencing behaviours [14]



Transparent and measureable objectives

Many public programmes set either unrealistically ambitious goals that are not achievable in the short term or unclear measurable objectives. Social marketing identifies ways to develop transparent and measurable objectives that can aid evaluation and learning about what works and what does not. Social marketing is also concerned with the efficiency of behavioural change programmes as well as their efficacy. Intelligence gathered through the use of social marketing approaches can help inform managers and practitioners on the best way to spend budgets to realise the most impact for the smallest investment, what programmes to continue and expand and what programs to reduce or cut.

A full intervention mix

There are a limited number of programmes that utilise and coordinate a full intervention mix of education, support services, (re)design (i.e. changing system and environmental factors which promote or inhibit uptake of vaccination), regulation and control measures. Social marketing can help programmes identify and encompass a broader range of evidence-based and insight-driven interventions that have been shown to influence behaviour change among: individuals, organisations, social networks and social norms, communities, businesses, markets, and public policy.

Behaviour change intervention insights from social marketing research - selected examples [6].

Education

Beliefs and values influence how people behave. Programmes should start by understanding people's beliefs and attitudes and use these to inform the development of behaviour change services and products.

People often use mental short cuts and trial-and-error approaches to make decisions rather than 'rational' decision-making. Understanding these short cuts or heuristics (the process that enables a person to discover or learn something for themselves) should be used to develop interventions and new 'scripts' associated with the behaviour.

People can be 'locked into' patterns of behaviour and need practical help to break them or unfreeze current behaviour. Programmes that provide practical support to change, are easy to access and require small steps tend to be more effective.

Support

Change in behaviour is usually a process not an event, and often requires several attempts before success. When delivering intervention programmes there is a need to be persistent, sustain interventions over time and offer multiple paths to success.

Interventions should also seek to support positive behaviour by maintaining a relationship with people that affirms their new behaviour and encourages them to build on it.

Social relationships and social support have a strong and persistent influence on behaviour. Working with and through key influencers improves the impact of behaviour change programmes. Use the power of group norms and behaviour to inform and engage people in change, let them know that others are changing.

Design

People influence and are influenced by their physical, social and economic environments. There is a limit to a person's capacity to change if the environment works against the desired change. Deliver programmes that tackle the underlying environmental, social and economic barriers to change as well as personal knowledge, attitude, motivational and emotional factors.

Regulations - rewards and punishments

The more beneficial or rewarding an experience, the more likely it is to be repeated. Maintaining positive behaviour can be assisted by reinforcement. Behavioural interventions should seek to reward desired behaviours and when appropriate penalise inappropriate behaviour.

People are often motivated to do the 'right thing' for the community as well as for themselves and their families. Getting people to accept that a desired behaviour is a norm in the community and one that is valued by others has been shown to be an effective change strategy.

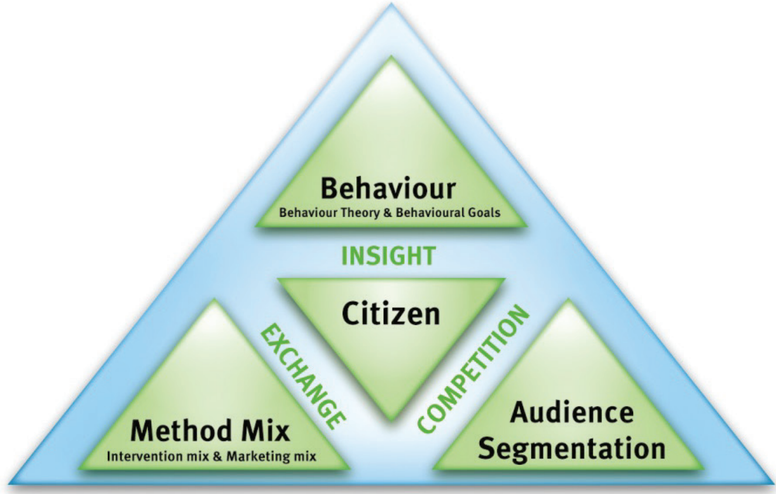
What social marketing is not

Social marketing is often confused with social advertising, social media marketing and social network marketing. These types of interventions have value as intervention tactics but are not what social marketing is about. Social marketing seeks to move beyond just informing, increasing knowledge and understanding or seeking to influence people's attitudes or beliefs. All of these goals are important but social marketing interventions are designed to influence behaviour of individuals and communities for a greater social good.

What are the key social marketing concepts and principles?

The social marketing 'customer/citizen triangle' [15] is a visual way to highlight the key features of social marketing. Six key concepts are emphasised: Insight, Exchange, Competition, Audience Segmentation, Behaviour and Method Mix. The citizen/customer/patient is in the centre of the process and approach. These social marketing concepts are the necessary ingredients for successful social programmes that seek to influence behaviour and gain popular public support

Figure 3. The social marketing 'customer/citizen triangle' [14]



These social marketing concepts are derived from an evidence and experiential base about what works in the commercial sector and in the development and delivery of public sector programmes designed to influence behaviour for social good.

Key concept 1: Insight

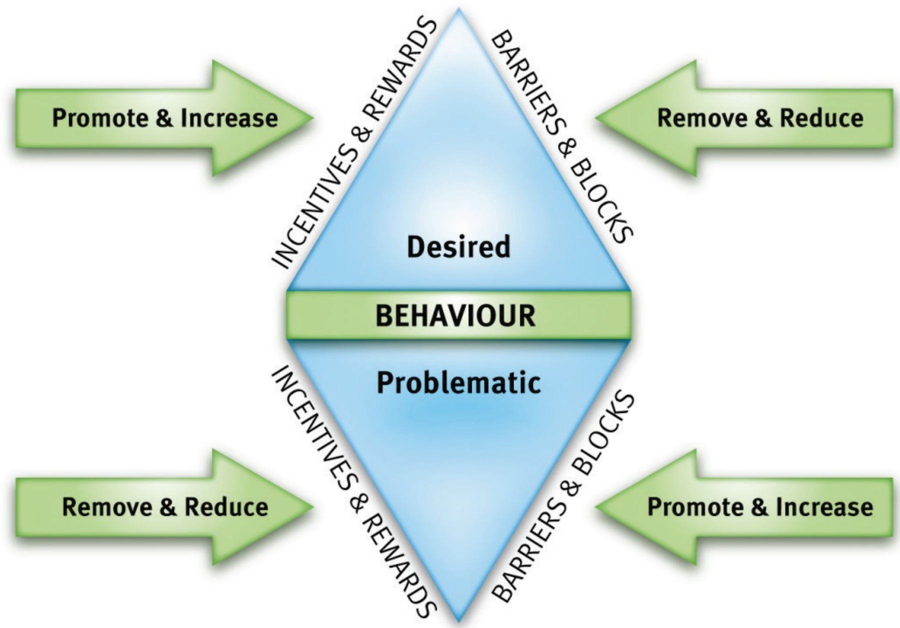
Insights are 'deep truths' and understanding about why people act as they do. Insights are developed from formative research[2], observational data, demographic data, service use data, problem or issue tracking data, and in the case of communicable disease programmes, epidemiological data. Social marketing is based on the development of deep insights into people's lives, with a focus on what will or will not motivate or enable people to change behaviour, develop a new one, modify and/or sustain it in any given situation.

Social marketing is focused on identifying and developing actionable insights that can be used to select and develop interventions that will influence behaviour. These insight-informed interventions are subsequently tested through pilots and refined or rejected according to their utility.

Social marketing also undertakes situational analysis research that identifies external influences on behaviour such as environmental, economic, social and cultural factors. As indicated in Figure 4, social marketing analyses both problematic behaviour that needs to be changed and positive behaviours that need to be encouraged and supported. Both the enabling factors that exist and the environmental barriers people face in adopting the targeted behaviours are assessed. Social marketing works to develop interventions that remove or reduce barriers to positive health behaviours for example by reducing or removing costs associated with vaccine uptake. Social marketing also seeks to enhance enabling factors for example by promoting vaccine uptake as a desired social norm.

[2] Formative research gathers insights from end-users through dialogue and conversation and can include a combination of techniques such as focus groups, literature reviews, surveys, stakeholder discussions, partnership panels, media audits, in-depth and/or 'intercept' interviews (such as catching people in the hallway).

Figure 4. Incentives and barriers to behaviour change [14]



Measles vaccination case (b) - Gaining insights into Roma attitudes towards vaccination uptake [16]

In 2012, ECDC supported a project aimed at gaining insights from Roma parents and grandparents about their children's low measles vaccination uptake levels and their attitudes towards healthcare providers (HCPs). A literature review, interviews and focus groups were utilised as data gathering techniques. The result, 'Insights,' about why people believed what they did and acted in the way that they did contributed to the development of a promotional strategy and a set of messages and recommendations to healthcare providers from so-called 'hard-to-reach' populations which were included in the ECDC Let's Talk about Protection [16] vaccination guide for HCPs.

Messages included:

- know more about us.
- reframe 'hard-to-reach' as 'poorly-reached' health system failures.
- view immunisation as one part of larger health challenges.
- integrate us into mainstream programmes.
- involve us in all stages of programmes aimed at enhancing our inclusion and health.
- adapt governance and health systems to be more inclusive.
- support Health Mediators and other community health workers as they are critically important resources.
- be accessible and respectful.
- beware of incentives that could be viewed as bribes for compliance.

Key concept 2: Exchange

The concept of exchange as well as that of value creation is a central concept in social marketing. Exchange is based on observations that we tend to change our behaviour when we perceive that it is in our interest to do so, either through rational choice or through a more subconscious process. Things and actions that make us feel better, safer, or more respected tend to be valued and have an impact on our behaviour. If we want to influence behaviour we need to understand what people value. We can then use this information to develop interventions, systems, products or services that people will want to engage with or use.

A key task in social marketing is to develop an 'exchange proposition' that sets out what people have to do and/or the cost of this action[3] in order to get the value that they want.

[3] Costs may be economic, social, physical or psychological

Sometimes these propositions do not appeal to people's rationality; often they aim to influence people's emotional subconscious. Exchanges may not always be positive. In some cases we may need to use negative exchanges.

> **Example:** In some EU countries, unvaccinated children are denied access to school. This tactic is used to penalise parents who do not get their children vaccinated and encourage people to take up vaccination. Ethical concerns have been raised about denying children education when their parents refuse vaccination. [17].

Often it is also necessary to focus on the short-term benefits of recommended behaviours rather than focus on long-term benefits as people place more value on immediate gains rather than gains that they may get in the distant future.

> **Example**: It may be more effective to put emphasis on the immediate benefits of being vaccinated, such as feeling safer and being a good parent rather than on the possible long-term benefit of not contracting a disease.

Figure 5. Identifying short-term benefits [14]

We need to:
Turn Longer Term BENEFITS
Into More Immediate BENEFITS
Reducing
Short Term COSTS
Valued product service system or environment that gives short as well as long term user perceived benefit

Four 'forms' of exchange

Social marketing programmes aimed at influencing behaviour can select one of the four primary 'forms' of exchange. These forms of intervention are defined by two main factors. First, whether the intervention uses rewards or some form of punishment to encourage a particular behaviour. Second, whether the approach seeks to influence cognitive decision-making or unconscious decision-making. The combination of these two factors creates four different possibilities: 'Hug' and 'Nudge' (related to providing rewards and incentives to target groups; e.g. parents, providers, etc. for desired behaviours) and 'Shove', and 'Smack' (related to providing punishments and disincentives to target groups for undesired behaviours) (see Figure 6).

'Hugs' focus on:

High cognitive engagement and positive rewards for compliance; e.g. offering rewards or incentives for being vaccinated; such as, money [18], services, sweets.

'Nudges' focus on:

Low cognitive engagement and positive rewards for compliance; e.g. setting up a default scheme where vaccination is given to children in schools unless a parent takes the time to opt out. The 'nudge' here comes from requiring parents to take an active step not to get vaccination.

'Shoves' focus on:

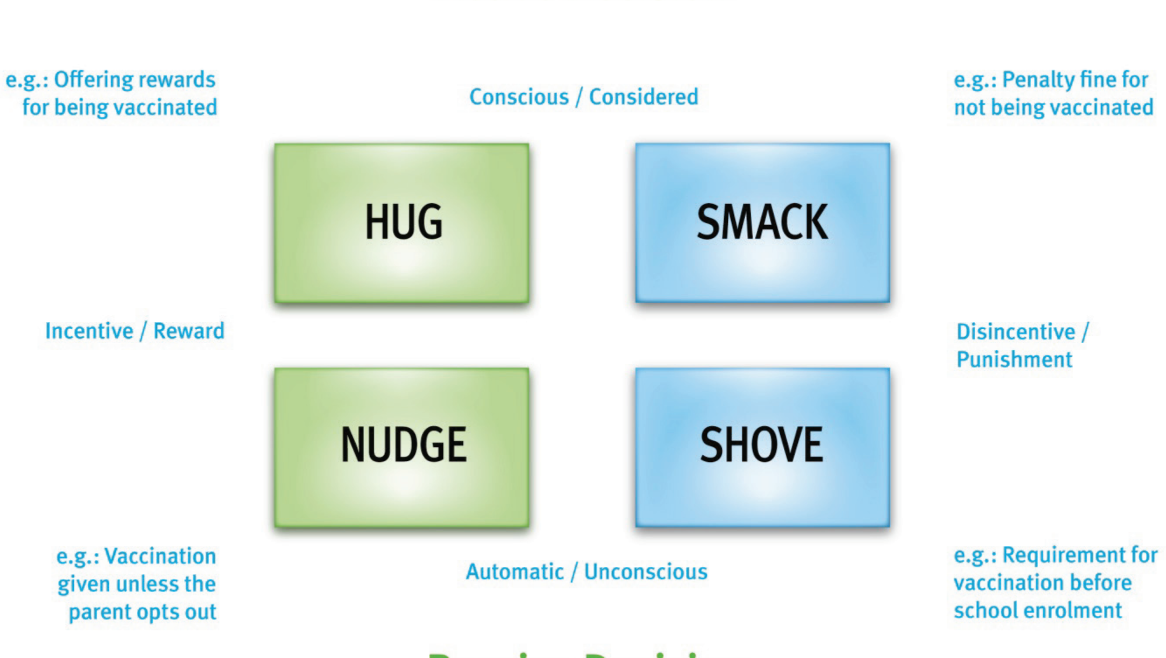
Low cognitive engagement and punishment for non-compliance; e.g. children must have been vaccinated before they are allowed to attend school. Parents need to make sure they have been vaccinated and that they have an official record of it to show the school.

'Smacks' focus on:

High cognitive engagement and punishment for non-compliance; e.g. parents are fined or banned from taking their child to school if they are not vaccinated.

All these forms of intervention are legitimate public health strategies (see Figure 6). Often a combination of such approaches is needed to encourage compliance with public health guidance. The selection of which combination of interventions will depend on what actions literature and target audience research show are effective, acceptable, practical and financially feasible and sustainable.

Figure 6. Hugs, nudges, shoves and smacks [19]



Key concept 3: Competition

Competitive factors are those that get in the way of positive behaviours; e.g. like not using condoms for HIV prevention because they are perceived as 'unmanly', thought to reduce pleasure and/or not affordable or easily available. Competition analysis examines both internal and external competitive factors as well as barriers and enablers that impact on behaviour. Internal competition includes psychological factors, pleasure, desire, and risk-taking whereas external competition includes wider influences and influencers on behaviour, promoting and reinforcing alternative or negative behaviours. Social marketing seeks to remove or reduce competitive barriers; e.g. by providing vaccination services in evening hours or at day care facilities within work places which can reduce the need for parents to take time off work to get their children immunised.

Competition can come from external sources such as cultural norms or economic factors but also from internal competition associated with people's preferred or learned behavioural responses such as many people's preferences for inaction or the avoidance of loss (see Table 1).

Table 1. External and internal competition factors

External competition	Internal competition
Social influences	Over-confidence
Cultural influences	Temporal discounting (value the immediate over the long-term)
Media influence	Loss aversion
Physical environment influence	Pleasure and temptation
Economic influence	Lack of effort
Close family and friends influence	Habit
Availability of services or products	Addiction
Systems barriers	Biological drives

Social marketing also works to counter forces that actively seek to promote resistance to recommended behaviours. To this end, it develops an analysis of these forces and actors, and identifies strategies to reduce their influence.

Example: In some instances, public health authorities inform their clients about ways to read scientific reports and actively identify inaccurate web-based vaccination safety information and counter misinformation. [20]

Key concept 4: Behaviour – behaviour theory and behavioural goals

Behaviour theory is used to inform and guide all social marketing interventions. Through a broad behavioural analysis we get a fuller picture of the current behavioural patterns and trends to make sure that the incentives and barriers associated with both the 'problematic behaviour' and the 'desired behaviour' are fully understood.

Example: An analysis of obstacles to MMR vaccination uptake amongst Roma populations in Bulgaria [21] revealed:	
Challenges associated with the target group´s knowledge, attitudes and behaviours	Poor awareness and knowledge of antigens and diseases they protect from (including measles). Repeated visits are required to meet requirements of the national vaccination schedule. Competing priorities lead to missed vaccinations. Worries and misconceptions about side-effects and safety of certain antigens.
Challenges related to being able to communicate effectively	Low literacy and numeracy, language ability and health culture among vulnerable populations (e.g. Roma). Low self-efficacy of Roma vis-a-vis medical practitioners and institutions.
Challenges related to creating circumstances that make it easier for the target group to take desired action	Lack of trust between caregiver and primary healthcare physicians. Poor ability of primary healthcare physicians to communicate effectively with Roma. High opportunity costs associated with repeated visits to general practitioners (GPs).

Once you have clearly understood the current behaviour, you can start developing and testing all possible interventions designed to encourage and maintain desired behaviour, and interventions designed to influence problematic behaviours. The specific behavioural objectives are set out in SMART format: Specific, Measurable, Achievable, Reliable and Time bound.

SMART approach

Specific: Precise – not open to different interpretations; **Measurable:** Can observe and collect objective measures; **Achievable:** With the resources available; **Reliable:** Consistent, relevant, can be gathered; **Time bound:** Measured within the time frame of the intervention.

Key concept 5: Audience segmentation

Segmentation is the division of an audience we intend to address into groups who share similar beliefs, attitudes and behavioural patterns. This approach goes beyond the demographic, epidemiological and service uptake data-based collection and aims to include data about people's beliefs, attitudes, understanding and observed behaviours. Target audiences are segmented using these data sets.

Interventions are directly tailored to a specific audience segment rather than being addressed to a broader general audience with the hope that those that need the intervention will be reached (the so-called 'spray and pray approaches'). In this way we can develop interventions aimed at specific sub-groups and specific behaviours. Audience segmentation also strengthens traditional public health targeting with other data focusing on 'why people act as they do' and observing their actual behaviour.

Measles vaccination case (c) - measles vaccination uptake - segmentation of under-vaccinated populations

Studies [22, 23] have identified a range of characteristics of unprotected and under-protected populations (unimmunised and under-immunised populations). In broad terms four key population groups have been identified:

'The hesitant'

Those who have concerns about perceived safety issues and/or are unsure about needs, procedures and timings for immunising.

'The unconcerned'

Those who consider immunisation a low priority and have no real perceived risk of vaccine-preventable diseases.

'The poorly reached'

Those who have limited or difficult access to services, related to social exclusion, poverty and, in the case of more integrated and affluent populations, factors related to convenience.

'The active resisters'

Those with personal, cultural or religious beliefs which discourage or exclude vaccination.

Needs of various key populations

Gathering insights, within representatives of these different groups, raised a variety of concerns related to healthcare providers' behaviour and communication as well as issues related to messages and system design.

'Hesitant' parents noted that healthcare providers' communication, often due to time constraints, was generally a one-way communication (no patient/doctor dialogue) and the messages were well-intentioned but uniform for all people. Healthcare providers were advised to place more emphasis on dialogues – which first elicit information about parents' specific concerns and anxieties and then adapt and customise messages to the identified needs of individuals and groups.

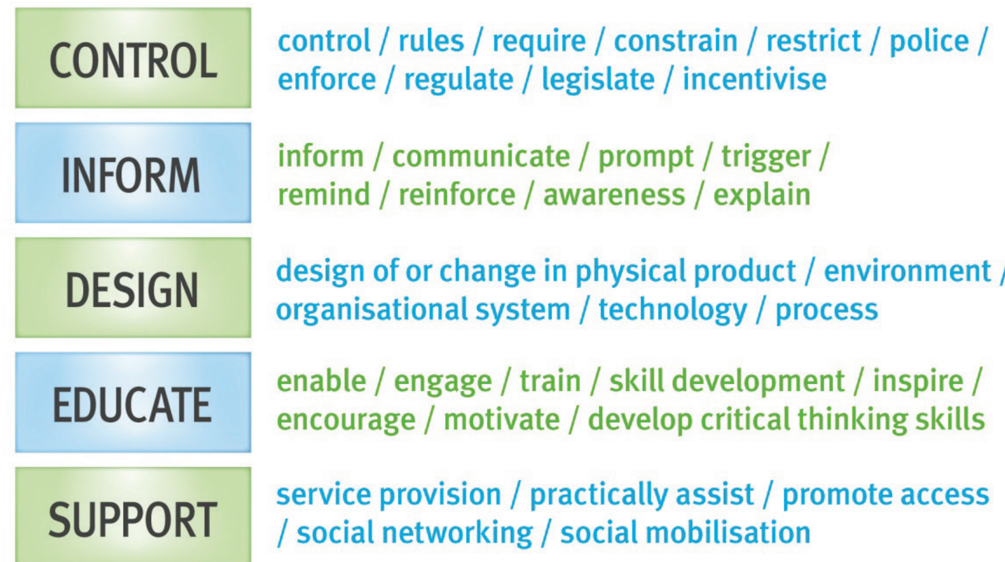
'Unconcerned' parents asked for healthcare providers to keep the focus of vaccination discussions on the benefits of protection. They indicated their need to be made more aware that when they get their children vaccinated they are protecting them, and the communities in which they live, from serious and potentially deadly diseases.

The 'poorly reached' reported a need for improving how services and delivery systems are designed and provided. They asked for more attention to be paid to costs, location, staffing, transport, scheduling and timing as key determinants of vaccination programme uptake and success. They recommended that 'vaccination journeys ' need to be made easier.

Key concept 6: Method mix

A social marketing programme will normally consist of a mix of interventions, some appealing to logic and others focused on emotions and mindless choosing. To select the optimal mix of interventions it is important to rely on research evidence and data collection, e.g. end-user insights. The selection of the types of intervention and the weight given to them is driven by judgments based on data, evidence, acceptability and ability to implement and sustain these interventions. Five types of interventions have been identified. Figure 7 identifies a variety of actions that could be associated with each type of intervention.

Figure 7. Intervention types with associated actions [15]



Measles Vaccination Case (d) - Method mix - top interventions to enhance measles uptake among vulnerable groups*

Control

Motivate local authorities and non-governmental organisations to cooperate on community-based interventions, particularly targeted to underserved groups.

Monitor the web to understand concerns on vaccination and provide answers based on trusted web sources.

Inform

Use mass media, e.g. insert measles-related messages in television soap operas, encourage wider collaboration between public health and the film and TV industry.

Design

Make remembering easier, e.g. by strengthening efficient alert and reminder systems to remind people about vaccination.

Make vaccination more accessible, e.g. offer immunisation days/campaigns in different locations, where people work and live.

Educate

Invest in education for physicians and nurses to communicate more efficiently and forcefully to their patients.

Conduct thorough epidemiological and behavioural analyses of the groups at risk for lower vaccination uptake.

Support

Include measles under broader concerns about children's health and support the mothers'/grandmothers' role as key opinion leaders on health issues in their families.

Develop programmes to specifically address stigma and discrimination.

Enhance links, planning, implementation and evaluation process engagement with field workers.

**Adapted from recommendations of participants of the ECDC 'INFORM, PROTECT, IMMUNISE: engaging under-served populations' meeting in Dublin 2012.*

The 4 Ps

Another interventional framework used in commercial marketing focuses on the 4 Ps[4] of product, price, place and promotion. In social marketing, products may be tangible (vaccinations, condoms, fruit, nicotine patches) or intangible (ideas, values, services). Price represents the cost of adopting that behaviour/change. These may be monetary, (the cost of buying a vaccine), or psychological and emotional (anxiety related to vaccine safety concerns), social (the cost of looking different in one's peer group), practical (getting to the GP's office), temporal (the need to take time off work), physical (pain of injection), and so on. Place refers to the channels used to promote and support that behaviour/change. It might include distribution channels (sending reminders with SMS messages) and settings (bringing interventions to the consumer, into workplaces, schools, day care centres rather than expecting parents to bring their children to GP surgeries). Promotion refers to the means, tools and channels used to communicate the benefits of the change, e.g. advertising, PR, media advocacy, information materials, word of mouth, direct mail etc.

Advocates of this model stress that looking at the 4Ps ensures that public health programme managers go beyond just thinking about promotions.[5] They also consider what the benefit of the health behaviour is (core product) as well as the benefit of any tangible product, for example, a malarial net. The 4Ps model also encourages a better understanding of the costs of adopting behaviours (price) and the channels of persuasion that could be used (place).

[4] Many leading social marketers believe it is time that the 4Ps were consigned to the history of social marketing. One of the big weaknesses these authors point out is that the 4Ps approach starts from the perspective of the social marketing planner and not the client. When using the 4Ps approach it is also possible to omit a consideration of wider influences on behaviour such as environmental and economic factors. However, the 4Ps are still a helpful conceptual model that can help in the development of social marketing plans alongside other conceptual models and tools.

[5] If only the promotional P is used, it is more appropriate to describe the intervention as communication or advertising. Health campaigns which use only promotion are often described as Social Marketing when in reality they are simply social advertising.

The 4 Ps are often (though not always) used in conjunction with each other. Social marketing seeks the best combination of them to satisfy as much as possible the often changing needs of the population. For example, consumer research may show that a particular population is unaware of the benefits of vaccination, and so the promotional element of the method mix may be given greatest emphasis. However, as the campaign proceeds, awareness may become widespread and new problems may emerge as central concerns like having access to vaccine or its availability.

Table 2. Summary chart of key social marketing concepts

Concept 1: Insight	Social marketing is based on developing insight into people's lives and on what motivates, enables or prevents them from behaving in health enhancing ways. By developing a deep understanding about why people think and act as they do it is possible to develop 'actionable insights' that inform the development of intervention programmes and tactics that people will respond to.
Concept 2: Exchange	Exchange is based on observing that we tend to change our behaviour when we perceive that it is in our interests to do so. We are also normally seeking value in experiences or things that make us feel better, safer or more respected. Forms of intervention include: • Hug: high cognitive engagement with a positive reward • Nudge: low cognitive engagement with a positive reward • Shove: low cognitive engagement with a penalty • Smack: high cognitive engagement with a penalty
Concept 3: Competition	Competition analysis examines both internal and external competition as well as barriers and enabling factors that impact on behaviour. Internal competition includes psychological factors, pleasure, desire, and risk-taking whereas external competition includes wider influences and influencers on behaviour, promoting and reinforcing alternative or negative behaviours.
Concept 4: Behaviour	Social marketing is focused on influencing people's behaviour, based on SMART objectives. SMART stands for Specific, Measurable, Achievable, Reliable and Time bound. Interventions are then developed to focus on specific behaviours. There is a focus on what triggers and establishes behaviours and what influences the maintenance, compliance and reinforcement of behaviour.
Concept 5: Audience segmentation	Target audiences are segmented using insight and behavioural data into sub-groups that share common beliefs, attitudes and behaviours. Interventions are directly tailored to specific audience segments rather than relying on a broad approach which covers a large general audience. Segmentation strengthens traditional public health targeting with additional data focusing on 'why people act as they do' what they think and believe about health issues and data collected form observing their actual behaviour.
Concept 6:Method Mix	Social marketing applies an appropriate mix of methods to achieve the goals of the programme. A range of different approaches are examined and used to establish the most effective, efficient and cost effective mix of methods. Types of intervention include: • Control - to require, regulate, and enforce • Inform - to communicate facts and attitudes • Design - to alter social, physical or service environment • Educate - to enable and empower • Support - to serve and practically assist • Social marketing also considers the development and promotion of social products and services

When should social marketing be used?

Ethical guidelines

Social marketing, like other forms of public health interventions, is also guided by ethical considerations. Whenever a decision is made that will directly influence the behaviour of people, even if adopting that behaviour is likely to protect them from a communicable disease, it is important that the ethical implications of all actions are considered.

Public health programme managers/practitioners and policy makers need to explicitly agree on the appropriateness of public health programmes that aim to influence behaviours and they also need to communicate these decisions and the rationale that lies behind them with the beneficiary groups. The following ethical code [26] can help when making decisions about when to use social marketing:

- evaluate the ethicality of a policy before agreeing to develop a strategy
- work to ensure that any intervention will do more good than harm and that all potential harms are minimised and transparently explained
- select tactics that are sensitive, effective and efficient and produce the greatest return on social investment
- determine that the intervention gives assistance when and where it is needed
- evaluate and publish a report on outcomes of all interventions
- ensure that the autonomy of target audiences is recognised and respected
- ensure that all parties are treated equally and fairly
- ensure that the rights of all stakeholders are understood.

Applying social marketing principles- the role of managers, policy makers and practitioners

Public health programme managers, planners, policy makers and front line public health workers all have a key role to play in both deciding when to apply social marketing and ensuring that interventions are delivered to a high standard. Without senior management and policy level support, implementation staff will find it hard to use and sustain social marketing interventions. [27]

The first key task for public health programme managers is to familiarise themselves with the key social marketing concepts set out in this guide. The second key task is to consider when it is appropriate to use a social marketing approach to influence behaviour.

The third key task is to encourage staff to develop their understanding of social marketing and support their efforts. Public health programme managers can do this by:

- investing in training for staff in social marketing theory and practice
- investing in scoping work to develop intervention plans based on epidemiology, demographics, citizens' insight and understanding, evidence reviews and ethical considerations
- encouraging the development of social marketing case studies and research projects to build experience and add to the evidence base
- encouraging the development of audience insight and segmentation to help target interventions
- encouraging the development of clear and specific behavioural programme objectives that can be measured and tracked over time (SMART approach)
- engaging people and other stakeholders in developing interventions that go beyond information giving and include other forms and types of interventions such as service redesign
- requiring implementation staff to produce clear written plans that include both project management and evaluation strategies
- ensuring that learning from programmes informs planning and is shared.

More information and guidance about social marketing

Useful websites:

STELa Social Marketing Planning Tool

www.stelamodel.com

CDC Social Marketing tools

http://tangibledata.com/CDCynergy-SOC/Drive-thru/index.cfm

www.cdc.gov/healthcommunication/CDCynergy/CDCynergyLite.html

www.cdc.gov/healthcommunication/

WHO COMBI tool kit

www.who.int/ihr/publications/combi_toolkit_outbreaks/en/

Turning Point Social Marketing Collaborative

www.socialmarketingcollaborative.org/

The Community toolbox

http://ctb.ku.edu/en/tablecontents/index.aspx

Global Social Marketing network

www.Socialmarketers.net/index.php/home

The European Social Marketing Association

http://europeansocialmarketing.weebly.com/

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2. Applying social marketing principles

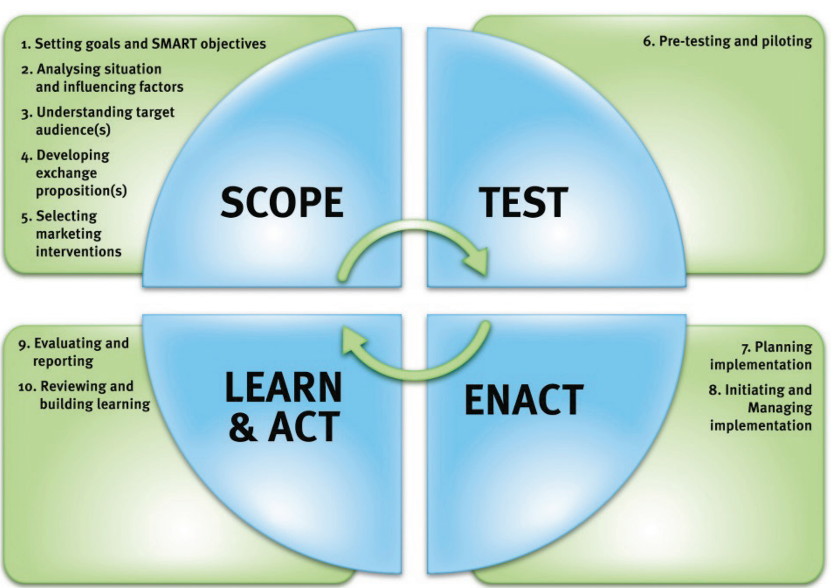
Introduction

This part of the ECDC Social Marketing guide sets out a basic 'how to' guide about applying social marketing concepts and approaches in the planning, implementing and evaluating of public health prevention and control programmes.

Public health programme managers and practitioners using this guide will gain a better understanding of how social marketing can help them develop and implement behaviour change interventions. For those already familiar with social marketing concepts and approaches, this guide will serve as a useful checklist for key activities. Those with less experience will need to supplement the information provided here with support materials listed in the resource section and with advice from more experienced colleagues and consultants.

The guide uses a logical social marketing action framework that includes four action steps: scope, test, enact and, learn and act (Figure 8).

Figure 8. A four-step social marketing action framework [6] [1]



For each action step, representative tasks, activities to address each task and support 'tools' are identified and described (see Table 3). Most professionals tend in reality not to follow a set structured approach to developing, delivering and evaluating interventions intended to influence behaviour changes. This social marketing action framework accepts this reality. Instead of setting out a fixed set of planning steps it sets out a basic planning framework and then supplements this with a compendium of tools that can be used by professionals in a flexible way that best suits the particular challenges they face.

Short case studies, with examples from communicable disease prevention and control initiatives, illustrate how key tasks and activities may be applied. Tools described include a variety of checklists and workflow sheets that can help public health programme managers and practitioners track processes and progress of the activities they choose to undertake. Copies of all the worksheets described are available in Part 3 of this guide.

[6] This planning cycle builds on the STELa model (www.stelamodel.com) which was developed as a response to the need for a simple yet robust model that could be applied by practitioners and those not trained in formal planning systems and procedures [1].

Table 3. Social marketing action framework - steps, tasks, activities and tools

STEPS	TASKS	ACTIVITIES	TOOLS (see Part3)
SCOPE	1. Setting goals and SMART objectives	1. Explain what action is needed 2.Identify the target group and behaviours you want to change 3. Set SMART objectives	Tools 1–3
	2. Analysing situation and influencing factors	1. Do situation analysis 2. Do competition analysis 3. Review evidence and data 4. Map and record assets	Tools 4–11
	3. Understanding target audience(s)	1. Gather target audience insights 2. Segment your audiences	Tools 12–17
	4. Developing exchange proposition(s)	1. Develop behaviour promotion strategy 2.Make the case for compliance	Tools 18–22
	5. Selecting marketing interventions	1. Select interventions 2. Do intervention cost-benefit analysis	Tools 23–26
TEST	6. Pre-testing and piloting	1. Test each potential intervention and hypothesis 2. Report on the impact of the pilot programme	Tools 27–29
ENACT	7. Planning implementation	1. Intervention plan	Tools 30–36
	8. Initiating and managing implementation	1. Manage partners, risk and opportunities 2. Report on process	Tools 37–43
LEARN&ACT	9. Evaluating and reporting	1. Evaluate outcomes 2. Make recommendations	Tools 44–46
	10. Reviewing and building learning	1. Identify follow-up actions 2. Identify future implications	Tools 47–50

Step 1: Scope

Figure 9. Scoping Tasks

All steps of the social marketing action framework are important. However, this step is most often ignored or minimised. Public health programme managers and practitioners, particularly those that are new to social marketing, often start generating solutions before a deep understanding and insight into the target audience's beliefs, understanding, and behaviour have been achieved. Investing time in scoping is critical and helps identify clear and appropriate behavioural objectives from the start, thus avoiding many of the common difficulties associated with delivering behaviour change initiatives.

The scope step has five key tasks:

- setting goals and SMART objectives
- analysing situation and influencing factors
- understanding target audience(s)
- developing exchange proposition(s)
- selecting marketing interventions.

Task 1- Setting goals and SMART objectives

This task involves three activities.

Activity 1- Explain why action is needed. Set out why action is needed on the identified social issue. A useful approach is to identify a problem and look at the scale of the problem and its social, health, service, cost and political consequences (see Tool 1).

> **Example - Measles vaccination - problem scale and impact summary**
>
> Scale - how big is a problem – how many children are unvaccinated or under vaccinated?
>
> Social consequences - parents avoid socialising in public places for fear of contracting infection.
>
> Health consequences - 20% of children with measles in UK, for example, need hospitalisation. [2]
>
> Service consequences - the number of cases of measles fill up hospital beds.
>
> Cost consequences - the cost of measles cases far outstrips costs of mass vaccination and adverse effects [3]. We should also consider other economic costs such as those associated with loss of work time and emotional costs.

Activity 2 - Identify the target groups and behaviours you want to change. Identify the specific audience who will be the primary targets of your intervention and the behaviours you want to influence - change, modify, develop or sustain (see Tool 2). The key assumption made here is that changing behaviours of this group will help solve the problem identified.

> **Example – Healthcare provider vaccine uptake communication capacities**
>
> Multiple studies [4, 5, 6,] show that in all European Union (EU) countries, healthcare providers (HCPs) are identified as the most important and trusted source of information on how to be protected from vaccine-preventable diseases. This is particularly true for parents with the most questions and concerns. A 2013 study [7], supported by ECDC, utilised primary and secondary research to identify behaviour changes that would help healthcare providers help parents to want and get their children protected by vaccination as a desired behavioural goal and outcome, particularly those in population groups whose children are currently un- and under-vaccinated. Three key behaviours emerged from the research.
>
> 1. Use two-way communication - healthcare provider communication, often due to time constraints, was generally too focused on one-directional communication and the sending of well-intentioned but uniform messages to all. HCPs were advised to place more emphasis on dialogues – two-way conversations – which first elicit information about parents’ specific concerns and anxieties and then adapt and customise messages to the identified needs of individuals and groups.
>
> 2. Keep the focus on protection - while vaccine safety issues need to be directly and clearly addressed and reassurance given where parental concerns exist, parents and other experts called for HCPs to keep the focus of vaccination discussions on the benefits of protection. People need to fully understand that when they get their children vaccinated that they are protecting them, and the communities in which they live, from serious and potentially deadly diseases.
>
> 3. Create effective design and reconfiguration of services - stakeholders uniformly reported a need for improving the design and provision of services and delivery systems. Advice calls for more attention to be paid to costs, location, staffing, transport, scheduling and timing as key determinants of vaccination programme uptake and success. 'Vaccination journeys' need to be made easier.

Activity 3 – Set objectives that can be measured. Develop a set of SMART behavioural objectives as listed below (Use Tool 2 and 3 to support this activity):

- Specific: precise – not open to different interpretations.
- Measurable: can observe and collect objective measures.
- Achievable: with the resources available.
- Reliable: consistent, relevant, can be gathered.
- Time bound: measured within the time frame of the intervention.

N.B. Interventions which aim to measure behaviour changes will need time as behaviour change can be a long process.

Example - Measles vaccination - SMART objectives

When setting up a social marketing intervention in support of a MMR programme, for example, it is helpful to identify how the behaviours that specific audiences need to take up in order to achieve the goals of the programme will be measured.

Two examples of a SMART behavioural objective related to such a programme are:

- During 2015 over 95% of invited parents living in Town X will bring their child to their allotted vaccination clinic appointment.
- During 2015 over 95% of parents living in Town X will attend their follow up invitation appointment.

Task 1: Setting goals and SMART objectives

Activity support toolbox

Tool 1. Problem/challenge: scale and impact summary - use this problem description and impact recording form to help clarify why an intervention is needed.

Tool 2. *Desired behaviour tool - use this tool to specify what behaviours need to be influenced amongst what groups

Tool 3. *Agreed SMART behaviour change or maintenance objective by segment - use this tool to further specify in measurable terms what behaviours will be targeted with which target group segment.

* =priority tools

NB. See Part 3 for full compendium of tools including recording forms, worksheets and checklists

Task 2 – Analysing situation and influencing factors

This task involves four activities.

Activity 1 - Perform a situation analysis. Before initiating any intervention it is useful to identify key issues that may impact on your proposed programme/campaign/action or on the receptivity of your target audiences. This activity involves developing a subjective list of factors which may influence the interventions. A SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis is one tool that can help identify relevant issues. Use Tool 4 to support this activity. An individual or small group can develop a SWOT analysis, but it will be more effective if you take advantage of many stakeholders. Each person or group offers a different perspective on the strengths and weaknesses of your programme and has different experiences of both. It would also be useful to undertake a PESTLE (Political, Environmental, Social, Technological, Legal and Ethical issues) analysis (see http://pestleanalysis.com and Tool 5). Situational factors identified should be prioritised [8] (weighted) according to the likelihood and the level of impact they may have.

Example – SWOT analysis related to vaccination programme

'During September 2002, Israel began its current revaccination program against smallpox, targeting previously vaccinated "first responders" among medical and emergency workers. In order to identify the potential strengths and weaknesses of this program and the conditions under which critical decisions were reached a SWOT analysis was conducted of the current Israeli revaccination program, designed to identify its intrinsic strengths and weaknesses, as well as opportunities for its success and threats against it. The SWOT analysis revealed a number of threats that may jeopardise the success of the current program, chief among them the appearance of severe complications of vaccination. The finding of a lack of a generation of knowledge on smallpox vaccination highlighted the need for improved physician education and dissipation of misconceptions that were prevalent in the public.' [9]

Activity 2 - Perform a competition analysis. In addition to looking at situational issues affecting programmes, it is useful to look at enabling factors and barriers to adopting the behaviour(s) you are promoting. You should analyse what or who may be influencing the target audience to act in a way that is detrimental or positive. Strategies and intervention plans can then be developed to address these influencing factors. Tools 6 and 7 can be used to support this activity.

Example – Barriers and enabling factors related to vaccination uptake

Recent studies have identified the following barriers and enabling factors to vaccination uptake [8, 10, 11, 12]:

Enabling factors that encourage the uptake of vaccination (these may also be seen as strengths of programme):

- feeling of safety and wellbeing associated with having protected your child
- community social norm in favour of vaccination
- service is offered locally
- target group perceive the invitation letter favourably
- service is offered free of charge
- service is offered at convenient times
- follow up and reminders encourage attenders
- service staff are welcoming and encouraging.

Barriers to taking the vaccination service (these may also be seen as obstacles to uptake):

- Single working parents perceive difficulty in attending clinics due to their opening times
- Some parents perceive service as being slow and inefficient
- Community social norm amongst sub group not in favour of vaccination (e.g., anthroposophists thinking that vaccination is 'unnatural')
- Access to service is more difficult for some (e.g. Roma communities) than the rest of population
- Social media and some press reports highlight negative stories and myths about side effects
- Religious beliefs which preclude vaccination (e.g. Bible belt in Netherlands).

Activity 3 - Review evidence and data. Gather information about what is known about the issue(s) and how to tackle them from published and unpublished sources such as professional journals, case study reports, and interviews with others who have undertaken work in the field. ECDC, for example, has supported a wide variety of literature and experiential reviews of communicable disease prevention and control communication interventions. [13–17] Ethical and risk considerations should also be identified and noted, and any preliminary action such as seeking of ethical approval should be started. If major risks are identified preliminary plans to mitigate them should also be developed. Tools 8 and 9 can be used to support this activity.

Example – Gathering evidence on factors influencing healthcare providers' recommendations for vaccination

A Dutch study [18] examining factors related to healthcare providers’ intentions to recommend vaccinations to parents of young children revealed:

- 1) perceived responsibility to promote vaccines and discuss pros and cons with parents (although this was usually not done if parents readily accepted the vaccination).
- 2) attitudes toward vaccination were mainly positive, but doubts about National plans to vaccinate against diseases with a low perceived burden were raised.
- 3) organizational factors such as limited time and information can hamper discussions with parents;
- 4) relationship with parents are crucial and based mainly on communication to establish trust.

Conclusions

Healthcare providers were motivated to support the National Immunisation Programme but their intentions to recommend vaccinations were affected by the perceived relevance of the vaccines, by practical issues like limited time and by certain types of resistant parents. These results were used to inform additional studies, to test the magnitude and relative impact of these factors and to design interventions to address challenges raised.

Activity 4 - Map and record assets. Identify all assets that can help you influence the behaviour amongst the target groups you are interested in. These assets may include: social networks, community, environmental, stakeholder and health service assets. Other assets also include all potential partner and stakeholder organisations and communities and individuals that could help with the implementation of the programme. All these could be used to tackle the problem. Tools 10 and 11 can be used to support this activity.

Example - Hidden assets

Immunisation programmes can, for example, benefit from 'hidden' contributions/resources/assets of many interested parties (partners and stakeholders). These include: information materials published by public and private agencies, spaces in schools given over for vaccination sessions, 'free' public advertising, etc. by commercial sector partners in the retail sector or media companies. Community groups, and concerned parents can also help inform communities about the need for action.

Task 2 - Analysing situation and influencing factors: activity support toolbox

Tool 4. SWOT analysis of existing public health programme - use this tool to assess the strengths and weaknesses of your existing interventions and highlight the aspects of current work you may need to change.

Tool 5. PESTLE analysis - use this tool to set out broader contextual issues that may impact on the programme or target audiences.

Tool 6. Barriers and enabling factors tool - use this tool to identify what barriers you might need to address and what enabling factors may help you influence uptake of health behaviour.

Tool 7. * Competition analysis map - use this tool to identify forms of competition that you may need to address to influence your target behaviour.

Tool 8. Key data summary - use this tool to summarise evidence from other research reviews about what is known about how to influence the behaviour you are interested in.

Tool 9. * Key lessons from the evidence summary - use this tool to summarise learning from case studies and experience about what works to influence issue or the target group you are interested in.

Tool 10. Other assets map - use this tool to assess and record all the assets that are available to assist your programme objectives.

Tool 11. Partnership/stakeholder contribution record tool - use this tool to record the partners you want to work with and how they could help you deliver the behavioural programme.

*priority tools

NB: See Part 3 for full compendium of tools, including recording forms, worksheets and checklists

Task 3 - Understanding target audiences

This task involves two activities.

Activity 1 - Gather target audience insights. Utilise qualitative and quantitative target audience research such as surveys, focus groups and observational studies to gather intelligence on target audience knowledge, attitudes and behaviours. Tools 12–15 can be used to support this activity.

Example - Measles vaccination uptake communication - advice from parents

As part of the 'Let's talk about Protection' guide development [7], insight gathering focus groups were held with parents, grandparents and carers in several different European countries. When asked how healthcare providers can best build on their trustworthiness and make an effective case for being protected by vaccination they gave the following advice:

- do what you recommend others do.
- teach us about the risks of non-vaccination.
- tell stories as well as sharing scientific facts.
- take time to listen to our concerns and tell us about possible side effects and risks.
- don’t ignore those of us who get immunised – we need reassuring and valuing as champions.
- don’t be put off by our efforts to find out more.
- make vaccination easier to access and less stressful.
- redefine success (recognise that some may need more time than others to decide).
- help enhance our vaccination health literacy.

Activity 2 - Segment your audiences. Segmentation is the division of an audience you intend to address into groups who share similar beliefs, attitudes and behavioural patterns. This approach goes beyond demographic, epidemiological and service uptake data-based targeting to include data about people’s beliefs, attitudes, understanding and observed behaviours. Target audiences are segmented using these data sets. Cluster people

based on factors including risk, understanding, attitudes, beliefs, and existing behaviours. Tools 16 and 17 can be used to support this activity.

Example – Low measles uptake populations - segmenting audiences

In his study of measles outbreaks in Europe, Muscat [19] describes three categories of reasons for low immunisation coverage:

- poor access to healthcare — a major factor driving under-vaccination among vulnerable communities (e.g., Roma, Travellers, migrant populations).
- opposition to vaccination based on the community's belief system, among those people and communities who adopt alternative health practices based on its religious, philosophical or medical belief systems (e.g. Anthroposophists).
- lack of information, false information, fear, distrust, competing priorities, causing hesitancy, delay, omission and opting out of the recommended vaccination schedule. The causes of non-vaccination in these cases are multiple and complex (and parents in this category would need to be further segmented).

Task 3 – Understanding target audience(s): activity support toolbox

Tool 12. Audience differentiation tool- use this tool to describe the audiences you are seeking to influence.

Tool 13. * Current behaviour analysis tool- use this tool to record current behaviours both positive and negative as this will help you develop insight about the target audiences and how to help them.

Tool 14. Behaviour change theory insight summary: record relevant models and theories - use this tool to set out what is known using behavioural theory and models about what might be influencing behaviour and potential intervention points.

Tool 15. *Audience insight data summary log - use this tool to record a summary of all the data and research you have about the audiences you want to influence.

Tool 16. Initial segmentation definition tool- use this tool to describe each sub segment of the population that you have identified or think exists.

Tool 17. Initial segmentation - use this tool to set out your initial segmentation of each target audience group including their behaviour and attitudes to the recommended behaviour.

*priority tools

NB. See Part 3 for full compendium of tools, including recording forms, worksheets and checklists

Task 4 – Developing exchange propositions

This task involves two activities.

Activity 1 - Develop behaviour promotion strategy. Based on target audience insight and understanding, set out how the proposed behaviour will be positioned and promoted with the target audience(s). In the case of a positive behaviour change, such as vaccination, uptake may be promoted by focusing on what emotional and physical benefits will be attained and how costs, such as inconvenient times, might be reduced. Tools 18 and 19 can be used to support this activity.

It is often useful to think of the benefits associated with the behaviour as a product. The core product is the actual value or benefit people get from taking the action; the actual product is the physical object of experience for example, an injection or pill; the augmented product is everything that is associated with the product, such as the way a service is provided, the way that staff act and communicate with people taking up a service.

Example - Promoting vaccination: 'product' benefits

Core product: Feeling of safety and wellbeing associated with having protected your child.

Actual product: Received vaccination that will protect child from measles.

Augmented product: Easy access to the service, friendly and welcoming staff, who can also help with other health issues.

Activity 2 – Making the case for compliance. In the case of a refusal or reluctance to take up services, set out how the benefits of compliance could be maximised and the costs of noncompliance could increase. In the case of non-rational choice situations, set out how the chosen environment could be structured, or what policy or service transformation (simple or comprehensive) could be introduced to encourage compliance. Tools 20 and 21 can be used to support this activity.

Example – Assisting behaviour change

Often people are too busy to actively consider all the actions and choices they have. To help physicians to follow infection control protocols and read reviews of antibiotic prescribing, nurses may add reminder notes or flags to patient's medical records to remind physicians to do a review of what is being prescribed.

Some hospitals have found that providing a shelf for staff to put their papers by hand washing facilities increases compliance.

Task 4 – Developing exchange proposition(s): activity support toolbox

Tool 18. Price/exchange development tool - use this tool to set out the benefits and costs of what you are proposing to each target segment.

Tool 19. Product/service descriptor and benefits record- use this tool to set out in more detail the benefits you will be promoting.

Tool 20. Product/service descriptor - use this tool to describe all the benefits of the social product you will be promoting.

Tool 21. *Final offer/proposition recommendation - use this tool to set out the proposition you will make to each target segment. This will help you develop promotional tactics that are consistent and based on the data and evidence you have gathered.

*priority tools

NB: See Part 3 for full compendium of tools, including recording forms, worksheets and checklists

Task 5 – Selecting marketing interventions

This task involves two activities.

Activity 1. Select intervention forms and types.

This activity is focused on selecting which combination of intervention 'types' and 'forms' will be used to assist the adoption of the desired behaviours that you want to influence. 'Types' of intervention (see Figure 9) include: controls (laws and regulations); information (e.g. leaflets, SMS appointment reminders); environmental or system design changes (e.g. timing or location of services); educational (e.g. continuing medical education for providers on antimicrobial diseases); support (e.g. providing health mediators to support poorly reached populations). 'Forms' of intervention (see Figure 10 and discussion Part 1) focus on use of incentives and penalties used to reinforce messages and increase compliance. These include a variety of nudges, smacks, hugs or shoves.

Figure 10. Five types of intervention [20]

Five Intervention Types (deCIDES)

CONTROL	control / rules / require / constrain / restrict / police / enforce / regulate / legislate / incentivise
INFORM	inform / communicate / prompt / trigger / remind / reinforce / awareness / explain
DESIGN	design of or change in physical product / environment / organisational system / technology / process
EDUCATE	enable / engage / train / skill development / inspire / encourage / motivate / develop critical thinking skills
SUPPORT	service provision / practically assist / promote access / social networking / social mobilisation

Figure 11. Four intervention forms [1]

Active Decision

e.g.: Offering rewards for being vaccinated

Conscious / Considered

e.g.: Penalty fine for not being vaccinated

HUG

SMACK

Incentive / Reward

Disincentive / Punishment

NUDGE

SHOVE

e.g.: Vaccination given unless the parent opts out

Automatic / Unconscious

e.g.: Requirement for vaccination before school enrolment

Passive Decision

Tools 22–25 can be used to support this activity. A mix of 'types' and 'forms' of interventions, customised for each target segment that you want to influence, has been found to be most effective [1].

Example – Selecting interventions to reduce antimicrobial resistance [21]

ECDC developed communication toolkits for a variety of target audience in support of Antibiotic Awareness Day (18 November). The primary care prescriber toolkit offers advice on how campaign organisers could use a mix of different intervention methods to engage with primary care prescribers so as to promote appropriate and responsible use of antibiotics. There is information, education and support materials provided aimed at encouraging and empowering primary care prescribers to follow prescription guidelines for antibiotics and to provide them with the necessary information, messages and tools to inform patients about the risks of antibiotic resistance and direct their patients towards appropriate use of antibiotics and alternative treatments for viral infections such as common colds and flu.

Activity 2 - Do intervention cost benefit analysis. When you develop your plans, you will also need to consider the 'types' and 'forms' of intervention that give the best value for money and return on investment in terms of the lowest cost for the biggest behavioural response.

Example - Cost-benefit of intervention

Building sustainable programmes requires understanding how resources should be best allocated and making decisions about reallocations based on cost-benefit, returns on investment and value for money analysis. This is especially important when applying a new form of intervention that has not been rigorously evaluated; e.g. mass media campaigns or direct mail promotions may prove to be less cost-effective than face-to-face communication about a vaccination programme to encourage the uptake of the service.

Task 5 – Selecting marketing interventions: activity support toolbox

Tool 22.*Final intervention description - use this tool to describe every type of intervention that your data, research, behavioural modelling and insight research indicates might work.

Tool 23. Evaluating intervention options - use this tool to evaluate all the options you set out using Tool 22.

Tool 24. Ethical issues and action record - use this tool when evaluating potential intervention options alongside Tool 22.

Tool 25. *Justification for the recommendations from the evidence, data, theory and test stage evaluation record - use this tool to set out your justification for your final recommendations about the mix of interventions you will use to influence the behaviour of each target segment you want to influence.

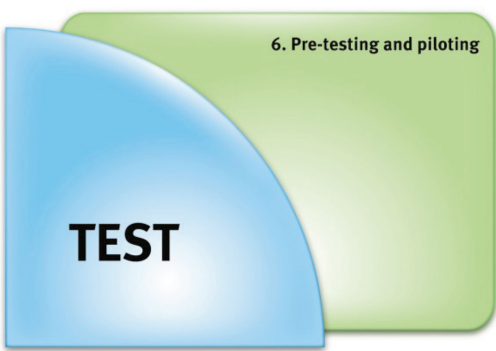
Tool 26. Final intervention matrix - use this tool to record the final mix of interventions you will use for each target segment

*priority tools

NB: See Part 3 for full compendium of tools, including recording forms, worksheets and checklists

Step 2: Test

Figure 12. Test tasks



This step can involve developing prototypes, testing promotions and experiments and it culminates in a report recommending what mix of interventions should be developed into a full implementation plan. Methods of collecting and analysing data for evaluation purposes can also be tested and developed during this stage. The key tasks in this step are focused on testing initial intervention ideas and concepts to see how well they perform.

The test step has one task:

- Pre testing and piloting

Task 6 – Pre-testing and piloting

This task involves two activities.

Activity 1 - Test each potential intervention and hypothesis that you have developed with representative target populations. This planning should include the development of an experimental design and address any ethical issues raised. Tools 27–29 can be used to support this activity.

Example – Prototyping

A prototype of this guide was developed and tested through review by a group of communication, infectious disease, social marketing and risk communication experts as well as a group of potential end-users (public health programme managers and practitioners). A common set of questions guided the review. Recommendations were analysed by the authors and a second draft was sent around for comment before finalisation.

Prototyping is a system development method usually employed when it is difficult to obtain exact requirements from the customer or when a new product or concept is being developed. The advantages of this model* include:

- the user gets a proper clarity and 'feel' of the prototyped product and can suggest changes and modifications;
- It is particularly useful when the content of the product may be new or unfamiliar to the potential target audience. Without a prototype, for example, 'Social Marketing illiterate' users would not be good at specifying their requirements, nor could they explain properly about what they expect from the product.
- When work is venturing into a new field of endeavour or work is carried out with a new target audience/ beneficiary a prototype approach can help into gaining insights and adjust accordingly the product/ tool.
- Sometimes it helps to demonstrate the value of the concept before great investments are made.
- It reduces risk of failure, as potential risks can be identified early and mitigation steps can be taken.
- Iteration between development team and client provides a very good and conductive environment during the project.

The main disadvantages of the prototype approach relate to the slowness of process and the need for ongoing iterative feedback between developers and clients.

** Adapted from: Prototype Model: Advantages and Disadvantages http://www.ianswer4u.com/2011/11/prototype-model-advantages-and.html#axzz2mtopldu1*

Activity 2 - Report on the impact of the pilot programme. Reports should include information on the immediate effect of the intervention/s on issues such as knowledge gain, attitude and beliefs. They should also measure impact on short-term behaviours and systems efficiency such as the cost of generating interest in the programme and costs of different methods of generating contact with the intervention or short-term behavioural action.

Task 6 – Pre-testing and piloting: activity support toolbox

Tool 27 Intervention issues to be investigated in the test stage - use this tool to list the interventions you have selected as possible elements of your final intervention mix.

Tool 28 Hypothesis/insight concepts testing methodology record - use this tool to set out any hypothesis that you want to test before you develop plans for the final intervention mix.

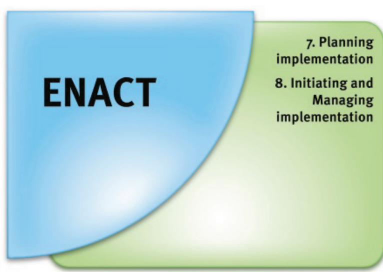
Tool 29. Pretesting and piloting plan - use this tool to record how you intend to test or pilot specific interventions.

*priority tools

NB: See Part 3 for full compendium of tools, including recording forms, worksheets and checklists

Step 3: Enact

Figure 13. Enact task



This step is focused on implementing and managing an intervention plan based on the findings of the scoping step and on the results and learning from the testing step. At the beginning of this step a full social marketing implementation plan will be produced together with a clear budget and evaluation strategy that will include details about how the programme will be managed, how it will report, and how it will manage both risks and opportunities. The plan will outline the ways the programme will be monitored for its impact and efficiency, how it will be evaluated and how it will report back to funders, sponsors, and stakeholder and target groups.

The Enact step has two tasks:

- planning implementation
- initiating and managing implementation.

Task 7 – Planning implementation

Building on the outcomes of the pilot project and the scoping findings and decisions, this task focuses on developing a full social marketing plan.

This task involves one activity.

Activity 1- Intervention plan

This plan should include:

- Problem statement and situation analysis.
- Intended audience segmentation, SMART behavioural objectives for the programme and how these will be measured. Tool 30 can be used to support this activity.
- Details of each product or service that you will use in the full programme. Tools 31–34 can be used to support this activity.
- Anticipated impact and outcomes for the selected target audiences over a designated time frame.
- Budget which sets out the resources required from main sponsors, partners and stakeholders and how they will be deployed against the intervention and marketing mix you have proposed and how the budget will be allocated to achieve the agreed objectives of the intervention. Tools 35 and 36 can be used to support this activity.
- Evaluation strategy including measures of the short-term change (impact evaluation), the efficiency of interventions (process evaluation) and the desired behaviour (outcome evaluation). Selected indicators are listed below.

Selected process, impact and outcome evaluation indicators

Process evaluation. Indicators: How many people took part in or took advantage of a service (e.g. number vaccinated) that was offered? How many people were contacted (e.g. number invited for vaccination)?

Impact evaluation. Indicators: data on immediate impact of the work. For example: reported increase in knowledge, reported behaviour or an immediate increase in the take up of a service. (e.g. percent increase in vaccination uptake by specified group over 6-month period following intervention).

Outcome evaluation. Indicators: data on the longer term effects of the project, observed behaviour and its consequences. For example: reduced incidence of measles in community.

Example

The ECDC 'Let's Talk about Protection' guide [7] was translated and adapted into Bulgarian (as well as Czech, Hungarian and Romanian) through a rigorous structured process which involved national language and public health experts as well as end-users (e.g. Roma health mediators and GPs) throughout the review process. The adapted material has now been introduced for use (enacted) in three different Roma communities. The introduction of the materials is being accomplished within a research evaluation protocol approach that gathered pre-intervention information (baseline data) about knowledge attitudes and behaviours of both HCPs and Roma parents and grandparents living in 'pilot' communities. The impact of the use of materials will be tracked over time (with both quantitative and qualitative studies; e.g. post-intervention studies, vaccination uptake rates, etc.) and compared with similar control communities.

Task 7 –Planning implementation: activity support toolbox

Tool 30. Agreed SMART behaviour change or maintenance objective by segment - use this tool to capture the final SMART objectives you agree for each behaviour and each target segment using this tool.

Tool 31. Product/service descriptor – use this tool along with Tool 32 to help you set out clearly the benefits and features of interventions that you will include in your programme.

Tool 32. Product/service descriptor and benefits record - use this tool along with Tool 31 can help you set out clearly the benefits and features of interventions that you will include in your programme.

Tool 33. Final intervention descriptions - use this tool to record your final descriptions of the interventions that you have selected following testing or piloting them.

Tool 34 Final intervention matrix - use this tool to refine your initial intervention mix and sets out the final set of interventions that you will enact to achieve the programme SMART objectives.

Tool 35. Budget and other resources that you control or can influence - use this tool to record all the resources that you have available to help deliver the programme.

Tool 36. Programme budget and resource allocation record - use this tool to capture in summary form the allocations to each intervention Type or Form that are part of your final intervention plan.

*priority tools

NB: See Part 3 for full compendium of tools, including recording forms, worksheets and checklists

Task 8 – Initiating and managing implementation

This task has two activities.

Activity 1 - Manage partners, risk and opportunities. Track that each partner has delivered on what they promised and record how well they have been engaged with the programme. Tools 37 and 38 can be used to support this activity. Review and manage risks associated with the project. Tool 39 can be used to support this activity. Undertake opportunity spotting, horizon scanning and programme adjustment. Tool 40 can be used to support the recording of potential opportunities and the identification of ways to exploit them.

Activity 2 - Report on process. Gather process, impact, and outcome data. Record progress and setbacks, analyse and report. Tool 41 can be used to support the recording of this data at regular intervals. Organise your reporting to sponsors and stakeholders. Tool 42 can be used to support this activity. Track and manage the intervention budget ensuring that there are no significant cost overruns or underspends and that the intervention is being delivered in the most cost effective way possible. Tool 43 can be used to support recording and summarising of budgetary data.

Task 8 – Initiating and managing implementation: activity support toolbox

Tool 37. Partner/stakeholder contribution record tool - use this tool to help you record what each partner or stakeholder will contribute to the programme.

Tool 38. Partner/stakeholder management plan - use this tool to set out how you will manage the relationship with each stakeholder

Tool 39. Risk register - use this tool to record risks to your programme and how you will mitigate them, programme risks will have been identified in the scoping step of the planning process

Tool 40. Opportunities record - use this tool to record opportunities that arise as you deliver the programme and how you will maximise the opportunity to deliver your programmes objectives.

Tool 41. Short term impact tracking (monitoring) plan - use this tool for recording a summary of how well the programme is delivering its interventions.

Tool 42. Management and reporting strategy - use this tool to record how individual interventions will be managed, who is responsible and how they will report progress.

Tool 43. Budget tracking tool - use this tool to summarise how allocated budgets are being used in delivering the intervention mix.

*priority tools

NB: See Part 3 for full compendium of tools, including recording forms, worksheets and checklists

Step 4: Learn and act

Figure 14. Learn and act tasks

This step of the social marketing process is focused on gathering and disseminating findings about the impact of the programme as well as its efficiency. It also seeks to help practitioners and their agencies learn from the programme about what worked well and what did not. This information can be used to inform decision-making processes related to subsequent follow-on or new programmes.

The learn and act step has two tasks:

- evaluating and reporting
- reviewing and building learning.

Task 9 - Evaluating and reporting

This task involves two activities.

Activity 1 - Evaluate outcomes. Utilise your SMART objectives developed in Task 1 Activity 3 as the basis for evaluation. Follow the evaluation plan developed in the enacting step. Record the outcomes from your individual interventions and the overall programme. Use Tool 44 to support this activity. You can also usefully evaluate the contribution of different stakeholders and partners. Use Tool 45 to support this activity.

Example - Evaluation plan - Testing utility of the use and impact of vaccination guide and support materials on knowledge attitudes and behaviours*.

The target audiences for the evaluation research will be healthcare providers, health mediators and Roma parents and grandparents of children up to 18 years of age in the three selected study communities and one control community. Healthcare providers include doctors (GPs, paediatricians and school doctors, if appropriate), nurses (school and office-based) and inspectorate epidemiologists responsible for vaccination management and delivery.

The evaluation component will be performed pre- and post-interventions.

The aims of the evaluation are to:

- assess the impact of the intervention on knowledge, attitudes and behaviours related to childhood vaccination amongst community based healthcare providers (HCPs) and health mediators(HMs)
- assess the material's utility as perceived by GPs, HMs and regional health inspectorate epidemiologists to communicate on immunisation
- conduct research on current knowledge, attitudes and behaviours related to childhood vaccination amongst Roma parents and grandparents in study and control communities
- the collected data on baseline indicators would create a possibility to measure the changes in knowledge, attitudes and behaviours after one year of using the materials by HPs.

**This is based on the evaluation plan for an ECDC-supported project in Bulgaria testing the utility of the adapted version of Let's Talk about Protection. Report will be available in June 2014.*

Activity 2 – Make recommendations. The key focus of this activity is to report to stakeholders and funders and present a set of recommendations based on what you have found works and what does not in terms of influencing behaviour. Use Tool 46 to summarise the recommendations that flow from your programme evaluation.

Task 9 – Evaluating and reporting: activity support toolbox

Tool 44. Outcome evaluation record - use this tool to record the outcomes of your evaluation

Tool 45. Partner/stakeholder evaluation - use this tool to record the contribution of your stakeholders and partners.

Tool 46. Evaluation report and recommendations - use this tool to make recommendations based on your evaluation.

*priority tools

NB: See Part 3 for full compendium of tools, including recording forms, worksheets and checklists

Task 10- Reviewing and building learning

The key purpose of this final task is to ensure that the learning gained as part of the evaluation of your programme and individual elements of it are used to help shape future interventions and allocation of budgets. Ultimately this should result in better performance in the next wave of implementation.

This task involves two activities.

Activity 1 - Identify follow-up actions. Set out actions that should be taken by policy makers, planner professional staff and community groups based on your evaluation recommendations. Use Tool 47 to support this activity. Identify ways to disseminate the results and recommendations that you have developed. Use Tool 48 to support this activity.

Activity 2 - Identify future implications. Set out an agreed plan for how your organisation and those of stakeholders can adapt and improve based on the learning and evaluation of the programme. Use Tool 49 to support this activity. Reassess PESTLE issues in the light of findings from your evaluation and any implications of these for future strategy or implementation. Use Tool 50 to support this activity.

Task 10 – Reviewing and building learning: activity support toolbox

Tool 47. Organisational learning strategy - use this tool to record actions that organisations should take based on your evaluation of your programme.

Tool 48. Dissemination strategy - use this tool to record how you will disseminate the results of your programme evaluation.

Tool 49. Organisational development plan - use this tool to set out your recommendations for organisational change and development based on your evaluation.

Tool 50. Forward strategic PESTLE analysis - use this tool to help you with your forward strategic development of the next stage of your programme.

*priority tools

NB: See Part 3 for full compendium of tool, including recording forms, worksheets and checklists

A social marketing planning review checklist

The following checklist has been developed to assist both funders and planners of social marketing interventions to assess the robustness of their planning efforts. The features within the list are drawn from the references listed at the end of this guide.

Social marketing planning review checklist

- Is the plan based on an established and/or logical planning template?

Scope

- Are clear aims and measurable behavioural objectives set out in the programme plan together with the target audience(s) and segments that will be the focus of the intervention?
- Are key barriers, enabling factors and other risks identified in the programme plan together with what actions will be taken to address these factors?
- Does the programme plan set out the political, policy, managerial and institutional commitment to the programme?
- Does the programme team capture the evidence about effective practice from reviews and case studies, observational data of actual behaviour?
- Are target audience demographics, behavioural, risk and psychographic data, for example, beliefs and attitudes, gathered and analysed to formulate insight and help develop interventions that target groups will respond to?
- Does the programme plan set out a clear rationale for the types of intervention selected for the programme and why the particular mix of interventions has been selected?
- Does the programme plan also indicate the theoretical perspectives and models that have been used for planning that are congruent with the form, focus and context of the intervention?
- Does the programme plan demonstrate how target group(s) will be involved in needs assessment, target setting and strategy development?
- Does the plan also demonstrate how target groups will be engaged in the delivery and evaluation of the programme?

Testing

- Does the programme plan set out how prototype interventions or pilots will be tested and used to develop full-scale programmes?
- Is a clear expected return on investment case set out to justify the level of planned investment?
- Does the programme plan set out how the programme will be funded to achieve agreed levels of impact and how will it be sustainable over the recommended time scale for delivery?

Enacting

- Do programme plans also set out key process checking mechanisms that include and assess quality measures and ethical practice?
- Do programme plans set out how coalitions, stakeholders, partners and interest groups will be engaged over the lifetime of the intervention?
- Does the programme plan also set out the mechanism for coordinated action between international, national regional and local delivery, and how decision making, governance and coordination of the programme will operate?
- Are evaluation, performance management, learning and feedback mechanisms clear in the programme plan?
- Does evaluation encompass short-term impact measures, process measures of efficiency and quality and outcome evaluation related to the specific behavioural and social outcome objectives of the programme?
- Are all programme plans recorded and published?

Learning and acting

- Have outcomes of programme been used to inform subsequent organisational planning and development?

Useful websites

STELa Social Marketing Planning Tool

www.stelamodel.com

CDCynergy Social Marketing planning tool:

http://tangibledata.com/CDCynergy-SOC/Drive-thru/index.cfm

www.cdc.gov/healthcommunication/CDCynergy/CDCynergyLite.html

Total Process planning tool for Social Marketing:

www.socialmarketing-toolbox.com/

WHO COMBI tool kit:

www.who.int/ihr/publications/combi_toolkit_outbreaks/en/

The Community toolbox

http://ctb.ku.edu/en/tablecontents/index.aspx

Global Social Marketing network

www.Socialmarketers.net/index.php/home

WHO Guide to Tailoring Immunization Programmes (TIP)

www.euro.who.int/__data/assets/pdf_file/0003/187347/The-Guide-to-Tailoring-Immunization-Programmes-TIP.pdf

Tools For Change

www.toolsofchange.com/en/home

European Social Marketing Association

www.europeansocialmarketing.org

ECDC Home

http://ecdc.europa.eu/en/Pages/home.aspx

ECDC Measles

http://ecdc.europa.eu/en/healthtopics/measles/pages/index.aspx

E-Com, EU funded Pandemic Communication Project

www.ecomeu.info/default.html

Tell Me EU funded infections disease communication funded project

www.tellmeproject.eu

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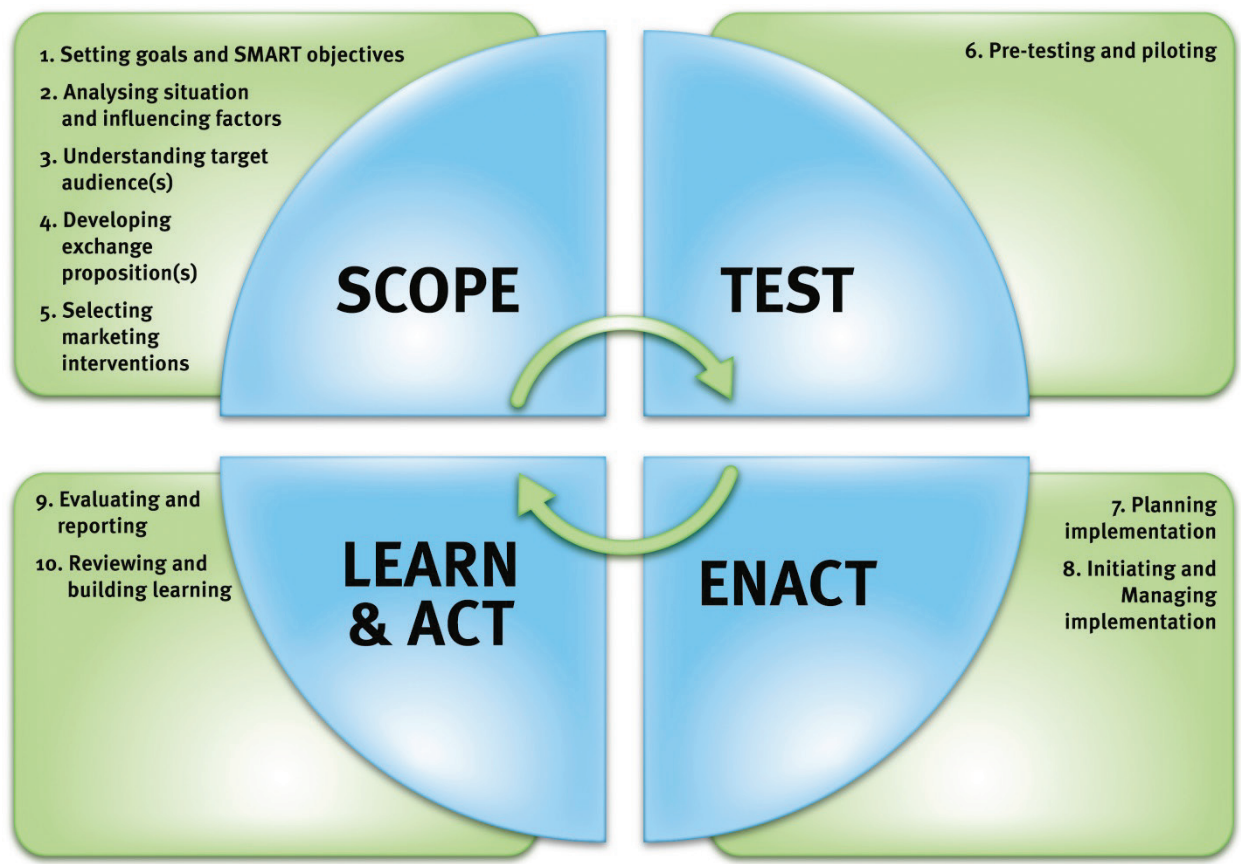
3. Resources supporting the development and use of a strategic social marketing approach

Introduction

This compendium of worksheets and checklists is designed to serve as a support supplement to Parts 1 and 2 of the ECDC Social Marketing guide. The tools contained in this compendium can be used by public health programme managers and practitioners to help organise, record, reflect upon, and guide their social marketing planning, implementation and evaluation activities. The worksheets are numbered and follow a logical sequence based upon the steps, tasks and activities of the Four Step Social Marketing Action Framework 1 (Figure 1 and Box 1) described in Part 2 of the ECDC Social Marketing guide. This compendium of tools contains 50 worksheets that professionals can choose from and use in a flexible way that best suits the particular challenges they face. Worksheets which have been found to be particularly useful are marked with a star.

Figure 15. A four-step social marketing action framework [1]



This planning cycle builds on the STELa (www.stelamodel.com) which was developed as a response to the need for a simple yet robust model that can be applied by practitioners and those not trained in formal planning systems and procedures [1].

Overview of steps, tasks, activities and tools

Steps	Tasks	Activities		Tools (see Part3)
Scope	1. Setting goals and SMART objectives	1.	Explain what action is needed	Tools 1–3
		2.	Identify the target group and behaviours you want to change	
		3.	Set SMART objectives	
	2. Analysing situation and influencing factors	1.	Do situation analysis	Tools 4–11
		2.	Do competition analysis	
		3.	Review evidence and data	
		4.	Map and record assets	
	3. Understanding target audience(s)	1.	Gather target audience insights	Tools 12–17
		2.	Segment your audiences	
	4. Developing exchange proposition(s)	1.	Develop behaviour promotion strategy	Tools 18–22
		2.	Make the case for compliance	
	5. Selecting marketing interventions	1.	Select interventions	Tools 23–26
		2.	Do intervention cost-benefit analysis	
Test	6. Pre-testing and piloting	1.	Test each potential intervention and hypothesis	Tools 27–29
		2.	Report on the impact of the pilot programme	
Enact	7. Planning Implementation	1.	Intervention plan	Tools 30–36
	8. Initiating and Managing implementation	1.	Manage partners, risk and opportunities	Tools 37–43
		2.	Report on process	
Learn and Act	9. Evaluating and reporting	1.	Evaluate outcomes	Tools 44–46
		2.	Make recommendations	
	10. Reviewing and building learning	1.	Identify follow-up actions	Tools 47–50
		2.	Identify future implications	

Scope - Task 1 - Set out the programme goals and SMART objectives

Tool 1. Problem/challenge: scale and impact summary - use this problem description and impact recording form to help clarify why an intervention is needed.

Tool 2. Desired behaviour tool - use this tool to specify what behaviours need to be influenced amongst what groups

Tool 3. Agreed SMART behaviour change or maintenance objective by segment - use this tool to further specify in measurable terms what behaviours will be targeted with which target group segment.

Tool 1. This tool is designed to clarify why an intervention is needed

Problem/challenge: scale and impact summary

How and why: Use this tool to describe the range of impacts that measles will have on your system and community. This description can be used to help set evaluation targets.

1. Scale of the problem
2. Social consequences
3. Health consequences
4. Service consequences
5. Cost consequences
6. Inequality consequences
7. Other consequences

Tool 2. This tool helps in specifying what behaviour amongst what groups need to be influenced

Desired behaviour tool

How and why: Set out the specific behaviour or behaviours for the target audience segment that you wish to achieve. The behaviour may be a new behaviour, or the maintenance of an existing beneficial behaviour such as continuing to comply with immunisation programmes. This will assist with both planning and setting of evaluation targets.

Target audience segment

Data source (measured how?)

Desired behaviour objective(s) (set out achievable, specific and quantifiable terms for new behaviour)

Existing beneficial behaviour objectives to be maintained

Tool 3. This tool helps further specify in measurable terms what behaviours will be targeted with which target group segment

Agreed SMART behaviour change or maintenance objective by segment

How and why: This record sheet can be used to ensure that the programme has a set of clear specific behavioural objectives. All objectives should be set out in SMART form:

Specific: not open to different interpretations.

Measurable: can observe and collect objective measures.

Achievable: with the resources that are available.

Reliable: durable and consistent data can be gathered.

Time bound: can be measured within the time frame.

If objectives are set out in this form it will reduce the chance of inappropriate evaluation of the intervention.

Segment name

Objective

Scope - Task 2 - Analysing situation and influencing factors

Tool 4. SWOT analysis of existing public health programme - use this tool to assess the strengths and weaknesses of your existing interventions and highlight the aspects of current work you may need to change.

Tool 5. PESTLE Analysis - use this tool to set out broader contextual issues that may impact on the programme or target audiences.

Tool 6. Barriers and enabling factors too l- use this tool to identify what barriers you might need to address and what enabling factors may help you influence uptake of health behaviour.

Tool 7. * Competition analysis map - use this tool to identify forms of competition that you may need to address to influence your target behaviour.

Tool 8. Key data summary - use this tool to summarise evidence from other research reviews about what is known about how to influence the behaviour you are interested in.

Tool 4. This tool will help you assess the strengths and weaknesses of your existing interventions and highlight what aspects of current work you may need to change

SWOT analysis of existing public health programmes

Strengths of programme

Weaknesses of programme

Threats to programme efficiency and effectiveness

Opportunities to enhance the performance of the programme

Tool 5. PESTLE analysis

Outset PESTLE analysis

How and why: List the political, environmental, social, technical, legal and economic influences that may impact on the behaviour you are seeking to influence over the next five years. Then place them in order of likelihood and level of impact (10 = high, 1 = low). This will help you anticipate and plan for these probable changes and influences.

Political | **Level of impact**

Environmental

Social

Technical

Legal

Economic

Tool 6. This tool can help you identify what barriers you might need to address and what enabling factors may help you influence health behaviour

Barriers and enabling factors tool

How and why: Use this tool to capture and record the factors that might positively or negatively impact on each audience segment's behaviour in relation to uptake of measles vaccination.

	Barriers to new behaviour or maintaining existing behaviour	Enabling factors for new behaviour or maintaining existing behaviour
Social/cultural		
Environmental		
Financial		
Other		

Tool 7. This tool will help you identify forms of competition that you may need to address to influence your target behaviour

Competition analysis map

How and why: List all the competing forces that may stop your target audience undertaking the behaviour you want them to.

Existing behavioural competition

Other people who influence

Environmental competition

Other promotions

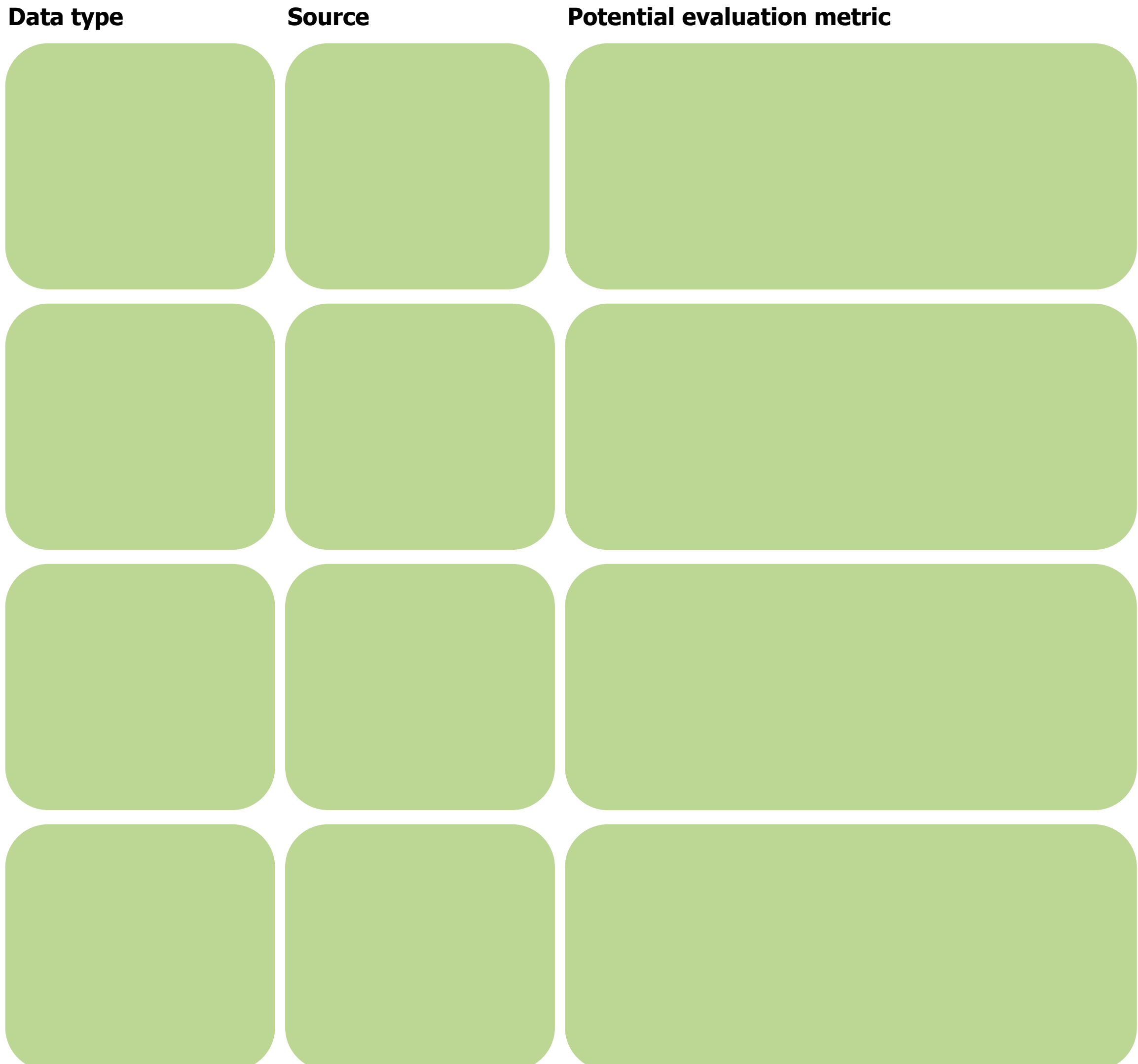
Other competitors

Tool 8. Use this tool to summarise evidence from other research reviews about what is known about how to influence the behaviour you are interested in

Key data summary

How and why: This tool will help you summarise all key data available from existing research and information systems about the challenge or problem. It can also help you identify potential missing data sets that you might need to acquire.

Data type **Source** **Potential evaluation metric**



Tool 9. Use this tool to summarise learning from case studies and experience about what works to influence the issue or the target group you are interested in

Key lessons from the evidence summary

How and why: This record will help you set out a summary from all that is known about how to plan and deliver interventions that are similar to the one you are planning. It will also give you a record of things to avoid doing.

Things to do

Things not to do

Things to explore

Tool 10. This tool will help you assess and record all the assets that are available to assist your programme objectives

Other assets map

How and why: Make the most comprehensive list and estimates possible of all contributions from other sources to the programme. This mapping will assist with cost benefit, return on investment and value for money analysis.

Community assets

Public sector assets

Commercial sector assets

NGO/Charity sector assets

Staff skills assets

Financial assets

Information assets

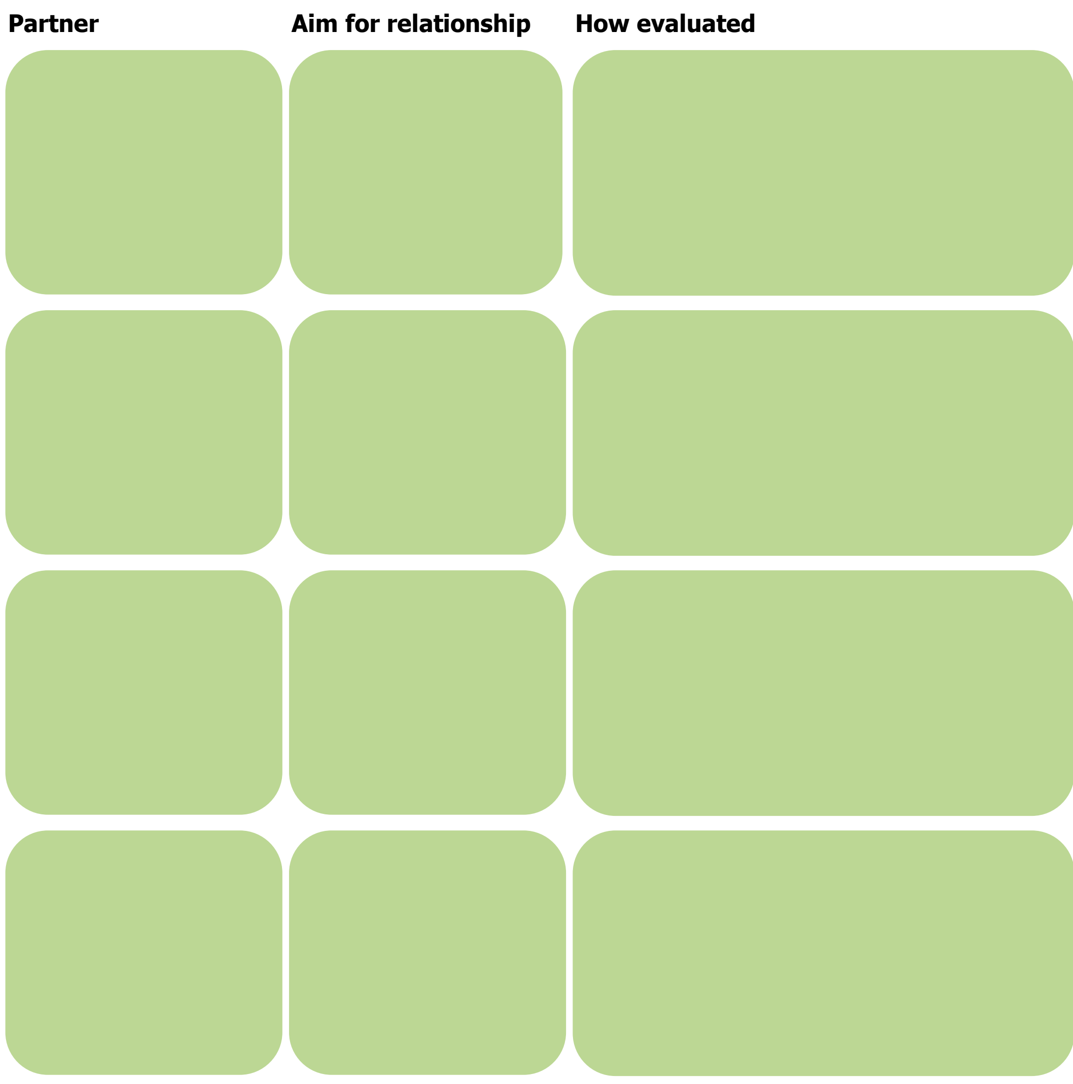
Communication channel assets

Political and management support assets

Tool 11. Use this tool to record the partners you will work with and how they will help you deliver the behavioural programme

Partner/stakeholder contribution record tool

How and why: Detail how all priority partners will contribute to the programme and how this contribution will be evaluated by you and them. This plan will assist with the targeting of efforts to engage key partner organisations.



Scope - Task 3 - Understanding target audience(s)

Tool 12. Audience differentiation tool- use this tool to describe the audiences you are seeking to influence.

Tool 13. * Current behaviour analysis tool- use this tool to record current behaviours both positive and negative as this will help you develop insight about the target audiences and how to help them.

Tool 14. Behaviour change theory insight summary: Record Relevant Models and Theories - use this tool to set out what is known using behavioural theory and models about what might be influencing behaviour and potential intervention points.

Tool 15. *Audience insight data summary log - use this tool to record a summary of all the data and research you have about the audiences you want to influence.

Tool 16. Initial segmentation definition tool- use this tool to describe each sub segment of the population that you have identified or think exists.

Tool 17. Initial segmentation - use this tool to set out your initial segmentation of each target audience group including their behaviour and attitudes to the recommended behaviour.

Tool 12. Use this tool to describe the audiences you are seeking to influence

Audience differentiation tool

How and why: Record which target audiences will be the main focus of the programme but also other groups that may be able to help influence the primary group. For example, if mothers are the primary target group, fathers may be a good secondary group to target. This differentiation of primary, secondary and tertiary audiences will help target effort and resources in the enact step and also help the development of distinct strategies for each group.

Primary audience (the key people you want to help change)

Secondary audience (the people who you can help and who can help the primary audience)

Other audiences (others who have influence)

Tool 13. Use this tool to record current behaviours both positive and negative as this will help you develop insight about the target audiences and how to help them

Current behaviour analysis tool

How and why: This analysis tool will ensure that you set out in unambiguous terms what specific behaviours you may need to seek to influence. This will help with both planning and evaluating your final programme.

Target audience segment

Current problematic behaviour

Data source

Related problematic behaviour

Current beneficial behaviour

Tool 14. Set out what is known using behavioural theory and models about what might be influencing behaviour and potential intervention points

Behaviour change theory insight summary: record relevant models and theories

How and why: It is important to make sure that your programme is based on sound theory as this will increase the chance of success. This record will show that you have considered relevant theory and act as a guide to planning your intervention.

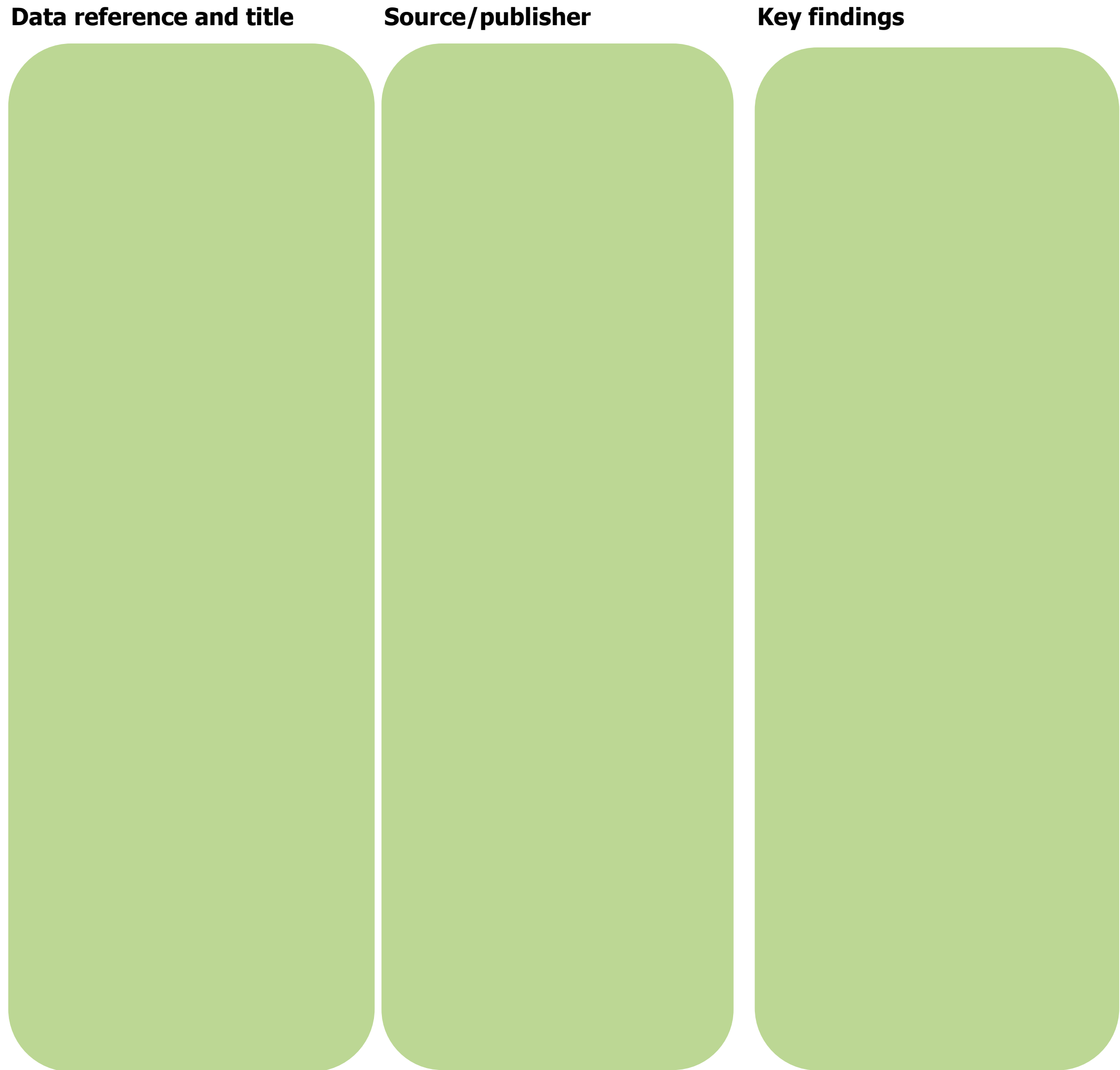
Theory application **Relevance and potential**

Tool 15. Record a summary of all the data and research you have about the audiences you want to influence

Audience insight data summary log

How and why: This record can be completed by listing available data sources that provide insights into audience knowledge, attitudes, beliefs and behaviours. The record provides a useful summary of both data sources and of key factors that may influence behaviour.

Data reference and title **Source/publisher** **Key findings**



Tool 16. Use this tool to describe each sub-segment of the population that you have identified or think exists

Initial segmentation definition tool

How and why: For each of the potential segments of the target audience try to answer the following questions using data drawn from your analysis of the evidence, population data, service and issue data, market research data, cost and benefit analysis, and competition analysis. This process will help you define your final segments for the intervention.

What is their behaviour?

What are their aspirations, beliefs, values?

What are the benefits of the current/new behaviour to the audience?

What are the costs?

What competitive behaviour will need to be addressed?

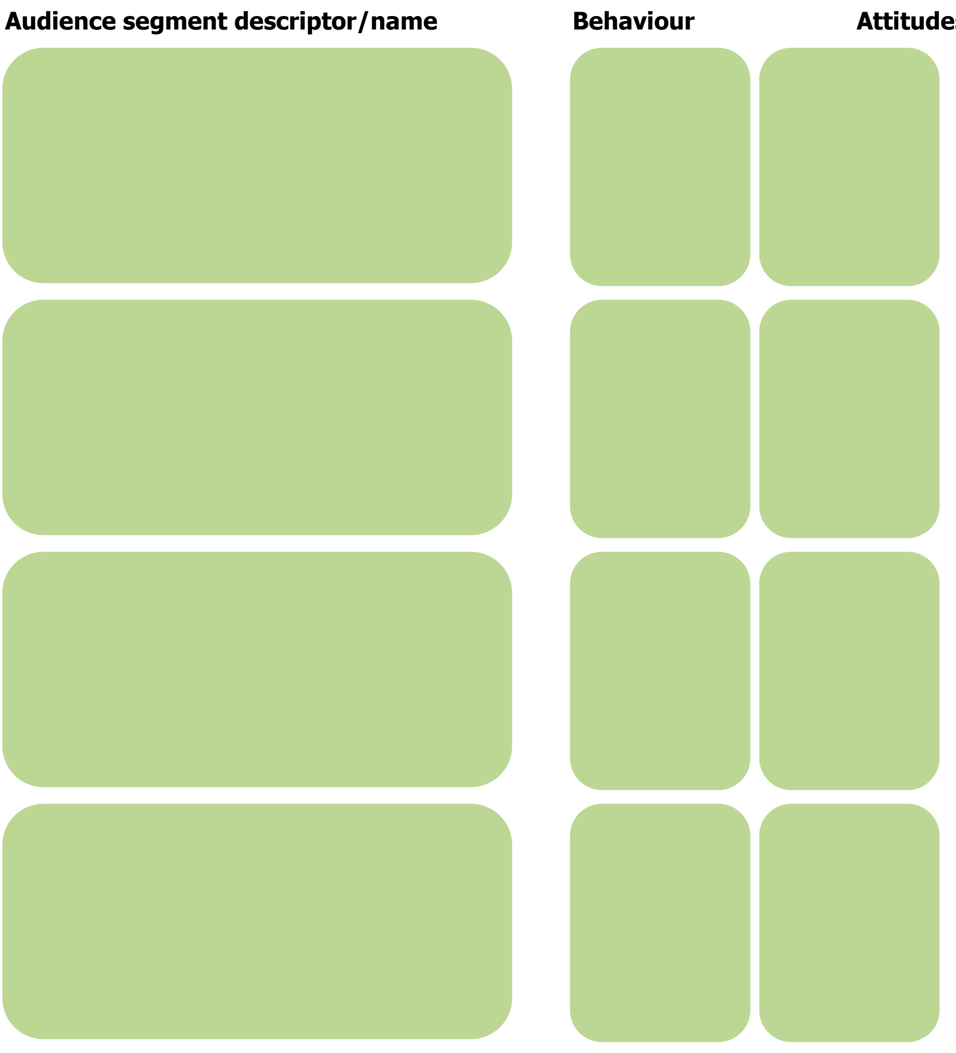
What is their level of readiness to adopt the new behaviour?

Tool 17. Set out your initial segmentation of each target audience group including their behaviour and attitudes to the recommended behaviour

Initial Segmentation

How and why: There are many ways to segment audiences. One of the most powerful is to segment people by behaviour and attitude. Consider each behaviour you are trying to influence and use the data you have gathered to divide people into groups who have similar behaviour and attitudes. Try to keep the number of groups to 4–6 segmentations – more segments than this becomes increasingly complex to turn into meaningful interventions. However if the data indicates more groups, this is what you should do. Assign each segment a name that encapsulates their key characteristics in relating to the behaviour you are trying to influence.

Audience segment descriptor/name **Behaviour** **Attitudes**



Scope - Task 4 - Developing exchange proposition(s)

Tool 18. Price/exchange development tool - use this tool to set out the benefits and costs of what you are proposing to each target segment.

Tool 19. Product/service descriptor and benefits record- use this tool to set out in more detail the benefits you will be promoting.

Tool 20. Product/service descriptor - use this tool to describe all the benefits of the social product you will be promoting.

Tool 21. Final offer/proposition recommendation - use this tool to set out the proposition you will make to each target segment. This will help you develop promotional tactics that are consistent and based on the data and evidence you have gathered.

Tool 18. Use this tool to set out the benefits and cost of what you are proposing to each target segment

Price/exchange development tool (1)

How and why: An exchange is the basis of the proposed form of intervention or interventions that you will undertake. An exchange is an analysis of the costs and benefits (expressed in financial, time, convenience, perception of self etc.) as perceived by your target audiences of adopting a new behaviour or maintaining an existing behaviour.

Use the following two tools to set out the cost and benefits to the audiences which you have derived from your research, theory, data and evidence reviews. Complete one sheet for each audience.

Segment name

Tool 20. Use this tool to describe all the benefits of the social product you will be promoting

Product/service descriptor

How and why: This record sheet can be used to describe the core benefits of any product or service element of your programme and how the service will actually be delivered to achieve these benefits. The form can also be used to record how the service or product will be promoted. This summary will help with ensuring that there is clarity about what is being delivered and that the benefits and features of the service are aligned.

Core product/service (the benefits promised)

Actual product/service (the product or service you will develop to deliver the core product benefits)

Implemented product/service (the features that encourage and support uptake of the actual product or service)

Tool 21. In this tool set out the proposition you will make to each target segment. This will help you develop promotional tactics that are consistent and based on the data and evidence you have gathered

Final offer/proposition recommendation: What will be offered to each segment and how will the offer be positioned?

How and why: Set out how the proposition will be a positioned i.e. will it be a positive incentive or a disincentive, will there be a need for active cognitive engagement or will people be helped by a change in design or environment to help them change behaviour.

Segment name

Description of offer/proposition. Is it a negative penalty and/or a positive reward?

Tool 22. Use this tool to describe every potential type of intervention that your data, research, behavioural modelling and insight research indicates might work

Final intervention descriptions

How and why: This summary record of the interventions can be developed by setting out all the key information developed through the previous steps of planning and analysis. This description will help staff, partners and sponsors develop a clear picture of what activity will be carried out with each target segment.

For each intervention:

Audience

Aim

SMART objectives

Method

Budget and other resources

Form of intervention (smack, shove, nudge, hug)

Type of intervention (control, inform, design, education, support)

Scope - Task 5 - Selecting marketing interventions

Tool 22. Final intervention description- use this tool to describe every potential type of intervention that your data, research, behavioural modelling and insight research indicates might work.

Tool 23. Evaluating intervention options- use this tool to evaluate all the options you set out using Tool 22.

Tool 24. Ethical issues and action record- use this tool when evaluating potential intervention options alongside with Tool 22.

Tool 25. Justification for the recommendations from the evidence, data, theory and test step evaluation record- use this tool to set out your justification for your final recommendations about the mix of interventions you will use to influence the behaviour of each target segment you want to influence.

Tool 26. Final intervention matrix - use this tool to record the final mix of interventions you will use for each target segment

Tool 23. Use this tool to evaluate all the options you set out using

Evaluating intervention options

Suitability (fit with analysis, sustainable, consistent with mission and ethics?)

Realism (are the aims and objectives realistic?)

Consistency (are all elements of the strategy complementary?)

Feasibility (do you have the time, resources, skills, know how?)

Risks (what are the risks and can they be managed?)

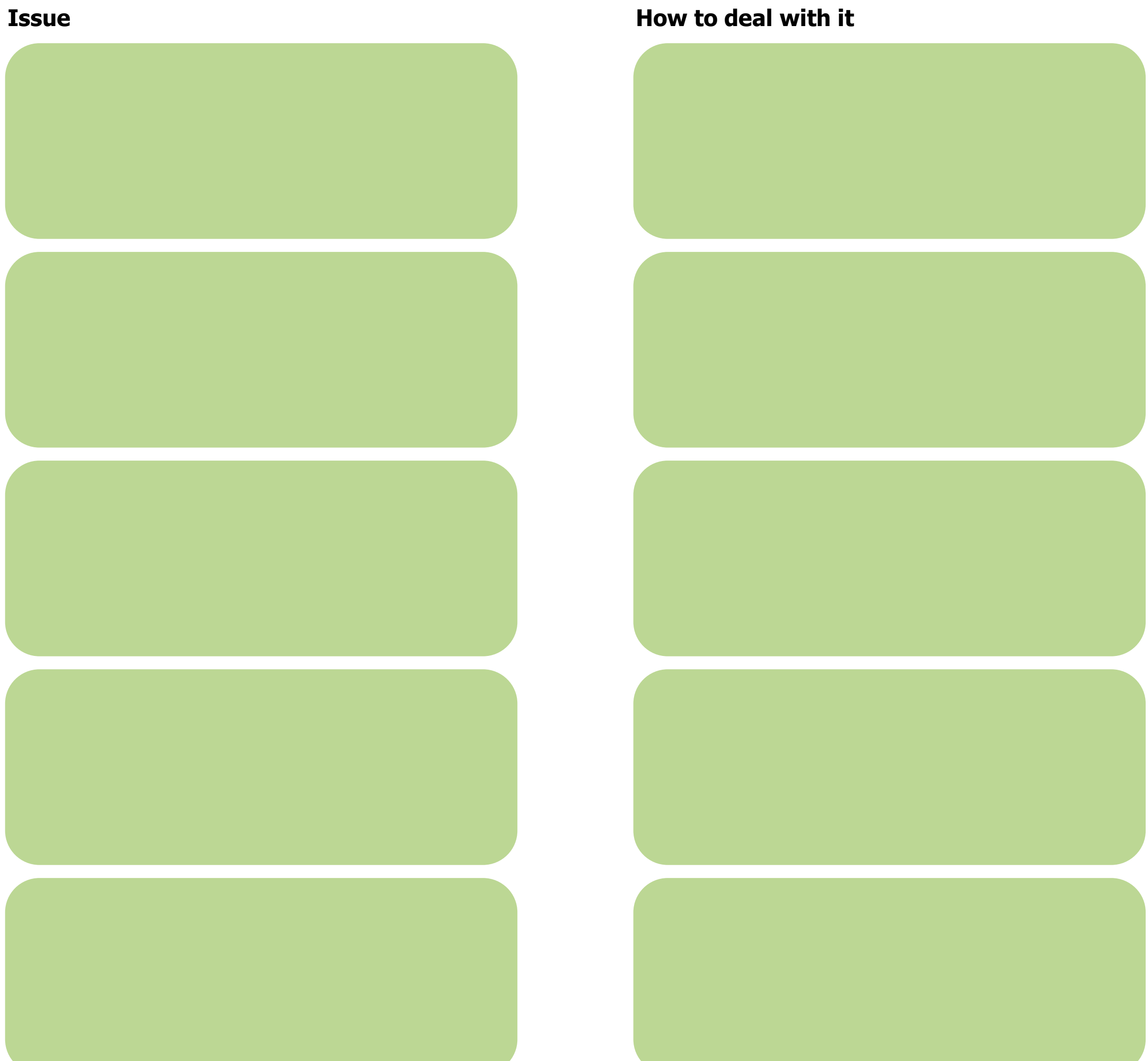
Rewards (are the forecast outcomes worth the investment?)

Tool 24. You should also use this tool when evaluating potential intervention options alongside tool 23

Ethical issues and action record

How and why: This tool can be used to develop a record of all relevant ethical issues that might arise as part of a programme. Each ethical issue recorded should be accompanied by an action plan to deal with it.

Issue **How to deal with it**



Tool 25. Use this tool to set out your justification for your final recommendations about the mix of interventions you will use to influence the behaviour of each target segment you want to influence

Justification for the recommendations from the evidence, data, theory and test step evaluation record

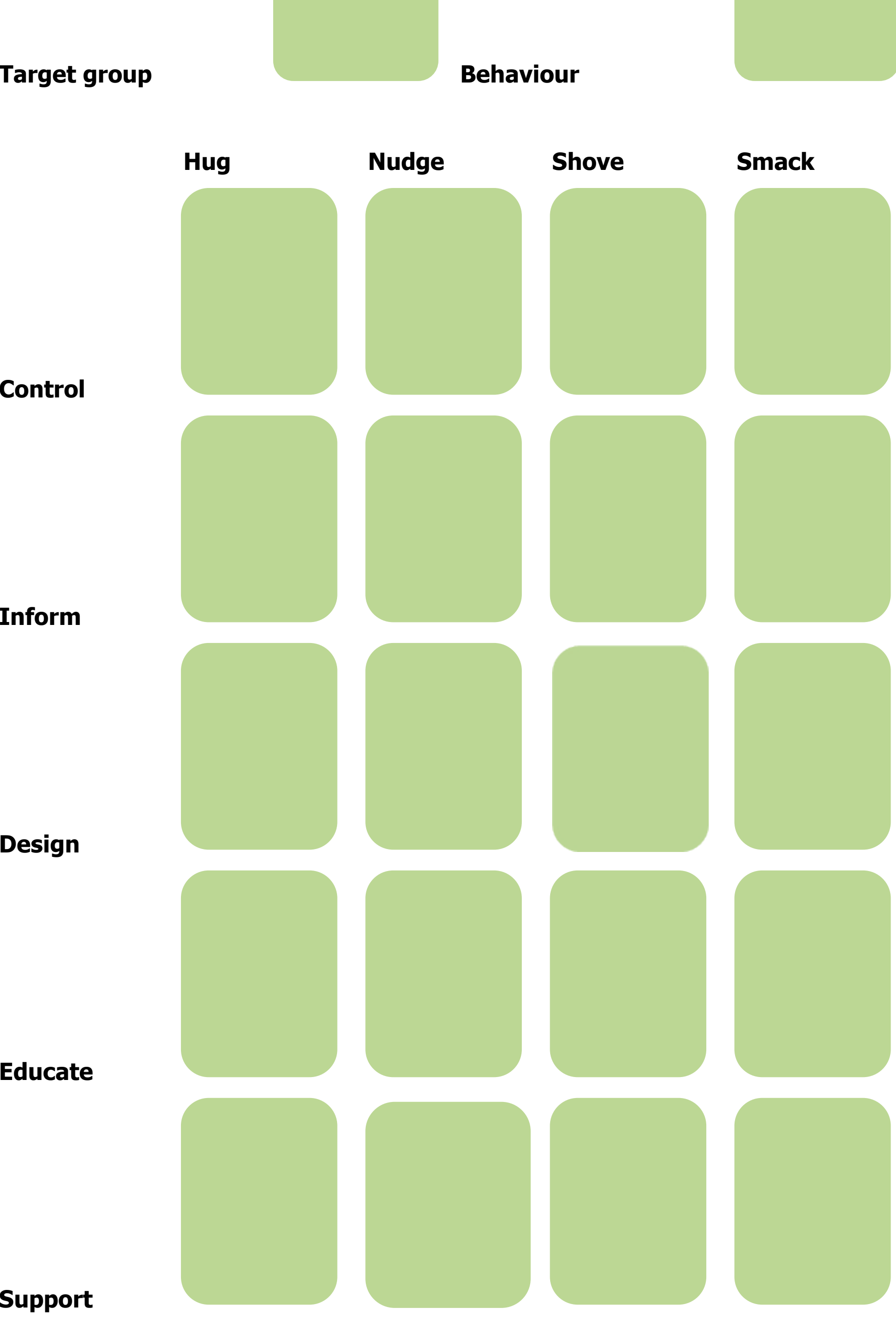
How and why: Set out a summary of the evidence and findings from the test step regarding segmentation, targets, intervention types and forms, and any specific intervention features. This record sets out the logic and evidence for the programme and will assist with later process as well as impact.

Summary of recommendations:

Tool 26. Use this tool to record the initial mix of interventions that will be tested with each target segment

Initial intervention matrix

Set out the mix of interventions you will test to influence the behaviour for each target behaviour and segment



Test - Task 6 - Pre-testing and piloting

Tool 27. Intervention issues to be investigated in the test step - use this tool to list the interventions you have selected as possible elements of your final intervention mix.

Tool 28. Hypothesis/insight concepts testing methodology record - use this tool to set out any hypothesis that you want to test before you develop plans for the final intervention mix.

Tool 29. Pretesting and piloting plan - use this tool can be used to record how you intend to test or pilot specific interventions.

Tool 27. Use this tool to list the interventions you have selected as possible elements of your final intervention mix

Intervention issues to be investigated in the test step

How and why: This summary sheet should list all the possible implementation issues identified in the scoping step that you wish to investigate or pilot during the test step. This list will act as a useful reference point for you and your partners when planning your test step activities.

Tool 28. Use this tool to set out any hypothesis that you want to test before you develop plans for the final intervention mix

Hypothesis/insight concepts testing methodology record

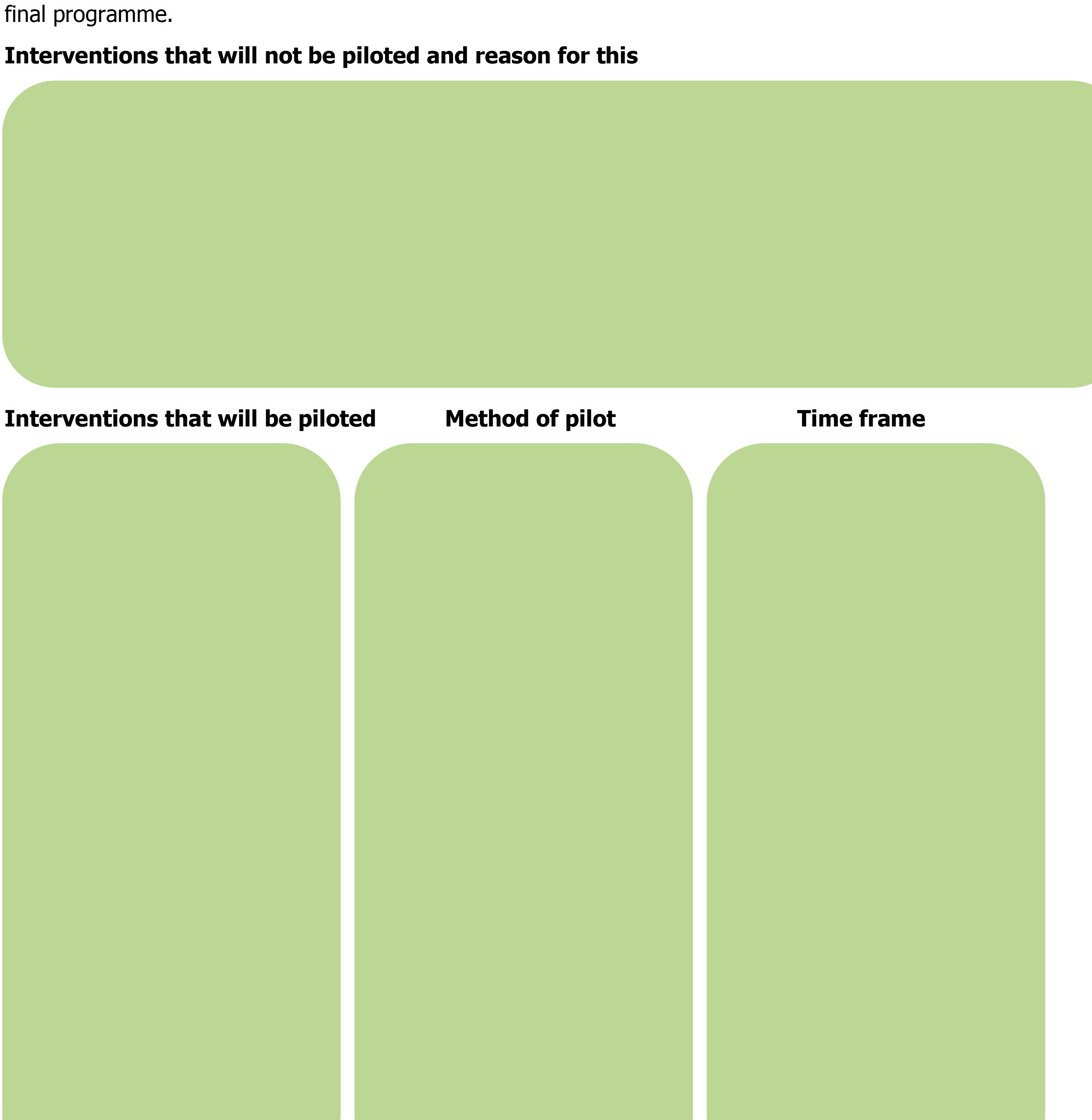
How and why: Record of how the hypotheses and insights set out in the scoping step will be tested. This will give you and your partners a clear record of what will be tested, and how.

Tool 29. This tool can be used to record how you intend to test or pilot specific interventions

Pre-testing and piloting plan

How and why: Set out what elements of your proposed interventions you will pilot and pre-test and which you will not because there is sufficient evidence and data that it is reasonable to assume that they will be effective. Describe how the interventions will be piloted, and evaluated and over what time frame the piloting will take place. Set out how decisions will be made about how the evidence from the pilots and pretesting will be built into the final programme.

Interventions that will not be piloted and reason for this



Enact - Task 7 - Planning implementation

Tool 30. Agreed SMART behaviour change or maintenance objective by segment- use this tool to capture the final SMART objectives you agree for each behaviour and each target segment using this tool.

Tool 31. Product/service descriptor – use this tool along with tool 32 to help you set out clearly the benefits and features of interventions that you will include in your programme.

Tool 32. Product/service descriptor and benefits record- use this tool along with tool 31 can help you set out clearly the benefits and features of interventions that you will include in your programme.

Tool 33. Final intervention descriptions- use this tool to record your final descriptions of the interventions that you have selected following testing or piloting them.

Tool 34. Final intervention matrix- use this tool to refine your initial intervention mix and sets out the final set of interventions that you will enact to achieve the programme SMART objectives.

Tool 35. Budget and other resources that you control or can influence- use this tool record all the resources that you have available to help deliver the programme.

Tool 36. Programme budget and resource allocation record- use this tool to capture in summary form the allocations to each intervention Type or Form that are part of your final intervention plan.

Tool 30. Capture the final SMART objectives you agree for each behaviour and each target segment using this tool

Agreed SMART behaviour change or maintenance objective by segment

How and why: This record sheet can be used to ensure that the programme has a set of clear specific behavioural objectives. All objectives should be set out in SMART form:

Specific: not open to different interpretations.

Measurable: can observe and collect objective measures.

Achievable: with the resources that are available.

Reliable: durable and consistent data can be gathered.

Time bound: can be measured within the time frame.

If objectives are set out in this form it will reduce the chance of inappropriate evaluation of the intervention.

Segment name

Objective

Tool 31. This tool along with tool 32 can help you set out clearly the benefits and features of interventions that you will include in your programme

Product/service descriptor

How and why: This record sheet can be used to describe the core benefits of any product or service element of your programme and how the service will actually be delivered to achieve these benefits. The form can also be used to record how the service or product will be promoted. This summary will help with ensuring that there is clarity about what is being delivered and that the benefits and features of the service are aligned.

Core product/service (the benefits promised):

Actual product/service (the product or service you will develop to deliver the core product benefits):

Augmented product/service (the features that encourage and support uptake of the actual product or service):

Tool 32. This tool along with tool 31 can help you set out clearly the benefits and features of interventions that you will include in your programme

Product/service descriptor and benefits record

How and why: This summary record should be completed to describe each element of any service or product both intangible and tangible that is offered as part of the programme. This process will assist in clarifying the offer that is being made to the target audience and that this matches with the insight data that has been collected as part of the programme.

Describe the product or service you will offer

List tangible benefits to the client (that can be seen and touched)

List intangible benefits (such as positive feelings of empowerment, safety etc.)

Tool 33. This tool records your final descriptions of the interventions that you have selected following testing or piloting them

Final intervention descriptions

How and why: This summary record of the interventions can be developed by setting out all the key information developed through the previous steps of planning and analysis. This description will help staff, partners and sponsors develop a clear picture of what activity will be carried out with each target segment.

For each intervention:

Audience

Aim

SMART objectives

Methods

Budget and other resources

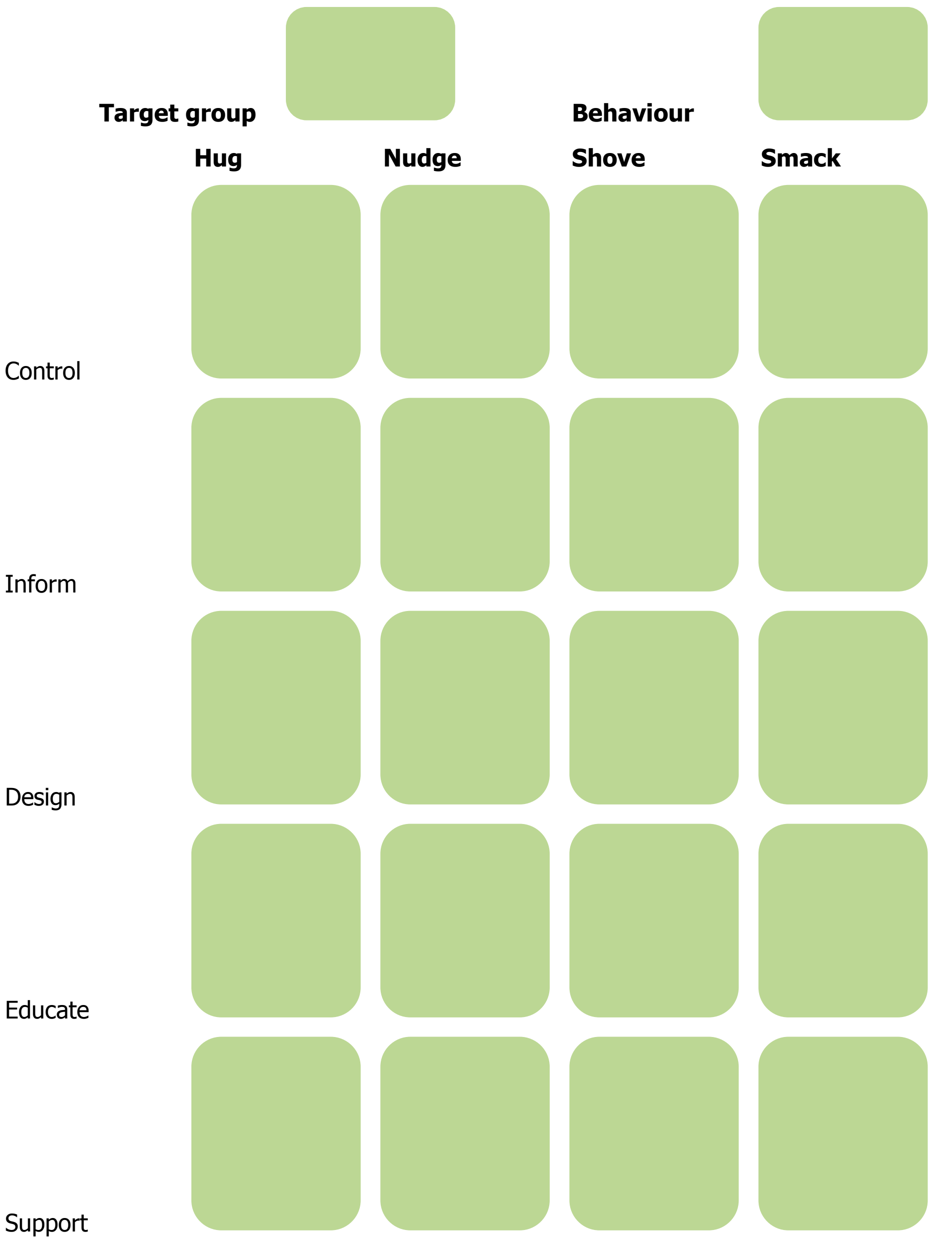
Form of intervention (smack, shoe, nudge, hug)

Type of intervention (control, inform, design, education, support)

Tool 34 This tool refines your initial intervention mix and sets out the final set of interventions that you will enact to achieve the programme SMART objectives

Final intervention matrix

Set out the mix of interventions you will test to influence the behaviour for each target behaviour and segment



Tool 35. Capture the final SMART objectives you agree for each behaviour and each target segment using this tool

Budget and other resources that you control or can influence

How and why: Record the total of the allocated and/or required budget to deliver the programme and over what time period. Details should include not just financial resources but the total of all resources including an estimate of staff time and the monetary value of other resources allocated to the programme. This record will assist with the cost benefit, value for money and return on investment analysis of the programme.

Allocated budget

Staff resource time available

Volunteer time

Equipment

Facilities

Services support

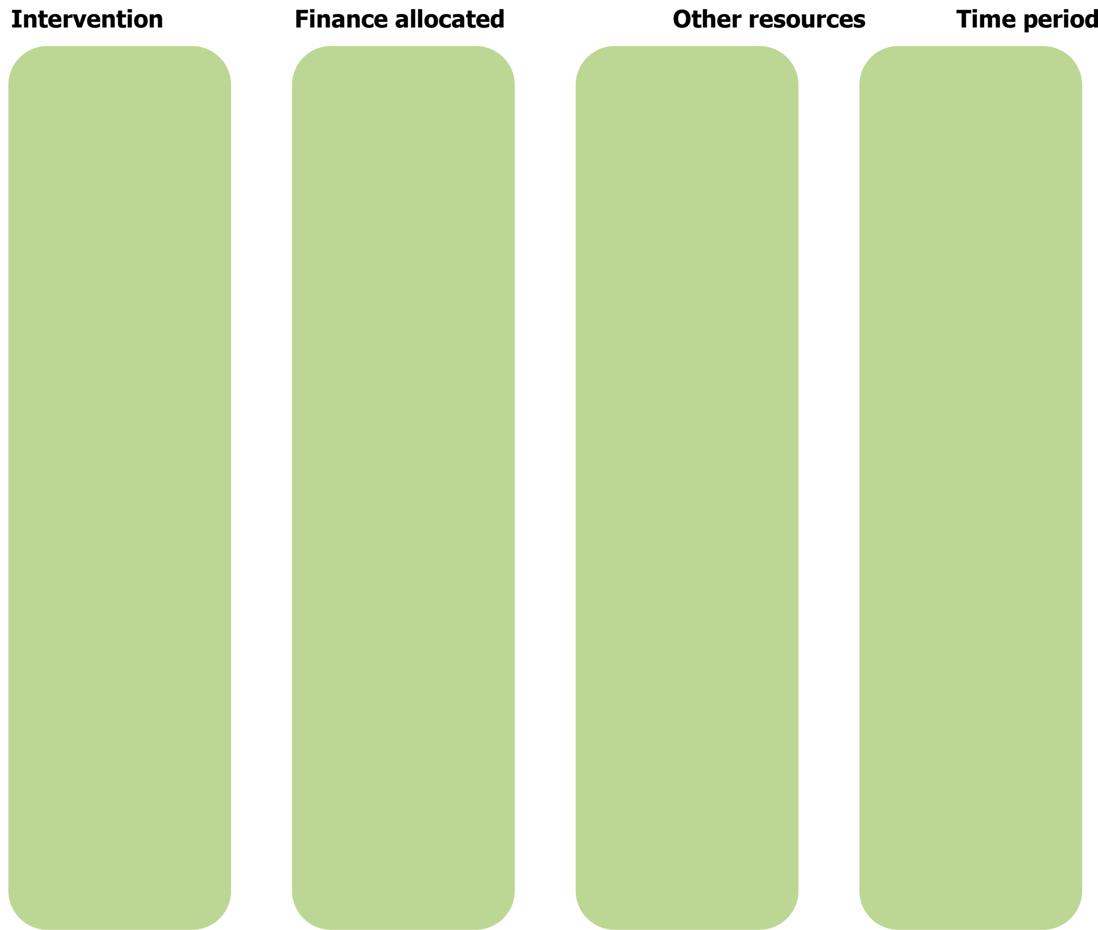
Other collateral project

Partners and stakeholder contributions

Tool 36. This tool captures in summary form the allocations to each intervention Type or Form that are part of your final intervention plan

Programme budget and resource allocation record – Use one sheet for each step of the programme

How and why: Working with finance staff, a detailed financial and resources plan should be developed. This should detail what resources are allocated to each element of the programme and over what time period. The programme budget should be reviewed frequently to assess assumptions.



Enact - Task 8 - Initiating and managing implementation

Tool 37. Partner/stakeholder contribution record tool- use this tool to help you record what each partner or stakeholder will contribute to the programme.

Tool 38. Partner/stakeholder management plan- use this tool to set out how you will manage the relationship with each stakeholder

Tool 39. Risk register - use this tool to record risks to your programme and how you will mitigate them

Tool 40. Opportunities record- use this tool to record opportunities that arise as you deliver the programme and how you will maximise the opportunity to deliver your programmes objectives.

Tool 41. Short-term impact tracking (monitoring) plan- use this tool for recording a summary of how well the programme is delivering its interventions.

Tool 42. Management and reporting strategy- use this tool to record how individual interventions will be managed, who is responsible and how they will report progress.

Tool 43. Budget tracking tool- use this tool summarise how allocated budgets are being used in delivering the intervention mix.

Tool 37. This tool will help you record what each partner or stakeholder will contribute to the programme

Partner/stakeholder contribution record tool

How and why: Detail how all priority partners will contribute to the programme and how this contribution will be evaluated by you and them. This plan will assist with the targeting of efforts to engage key partner organisations.

Partner	Aim for relationship	How evaluated

Tool 38 .You can use this tool to set out how you will manage the relationship with each stakeholder

Partner/stakeholder management plan

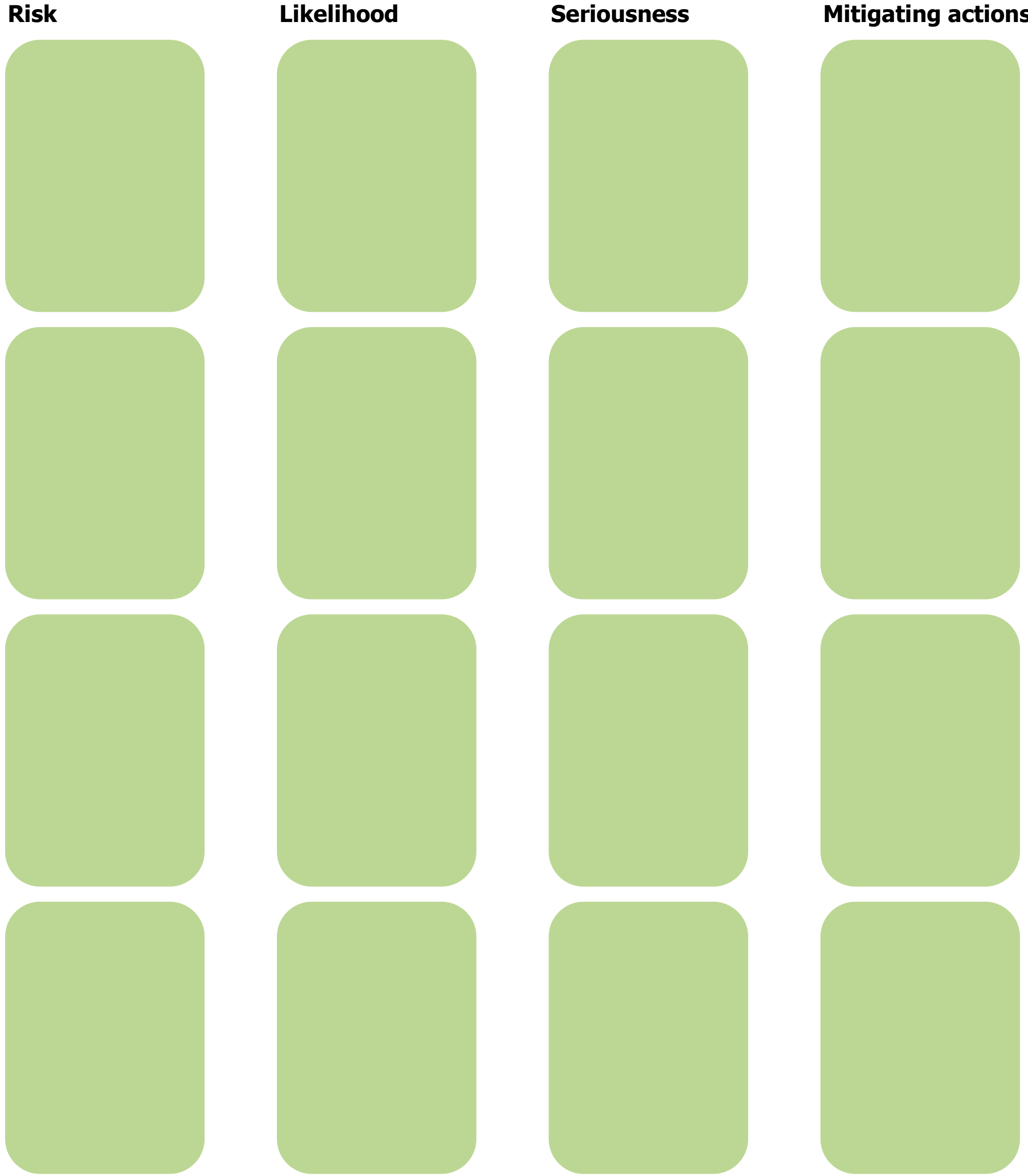
How and why: Set out the mechanisms and systems, meetings etc. that will be used to keep all stakeholders engaged with the intervention. This will assist with managing and maximising the contributions that partners and stakeholders can make to delivering the programme objectives.

Stakeholder **How engaged** **How monitored**

Tool 39. Use this tool to record risks to your programme and how you will mitigate them

Risk register (score each risk 1 = low, 5 = high)

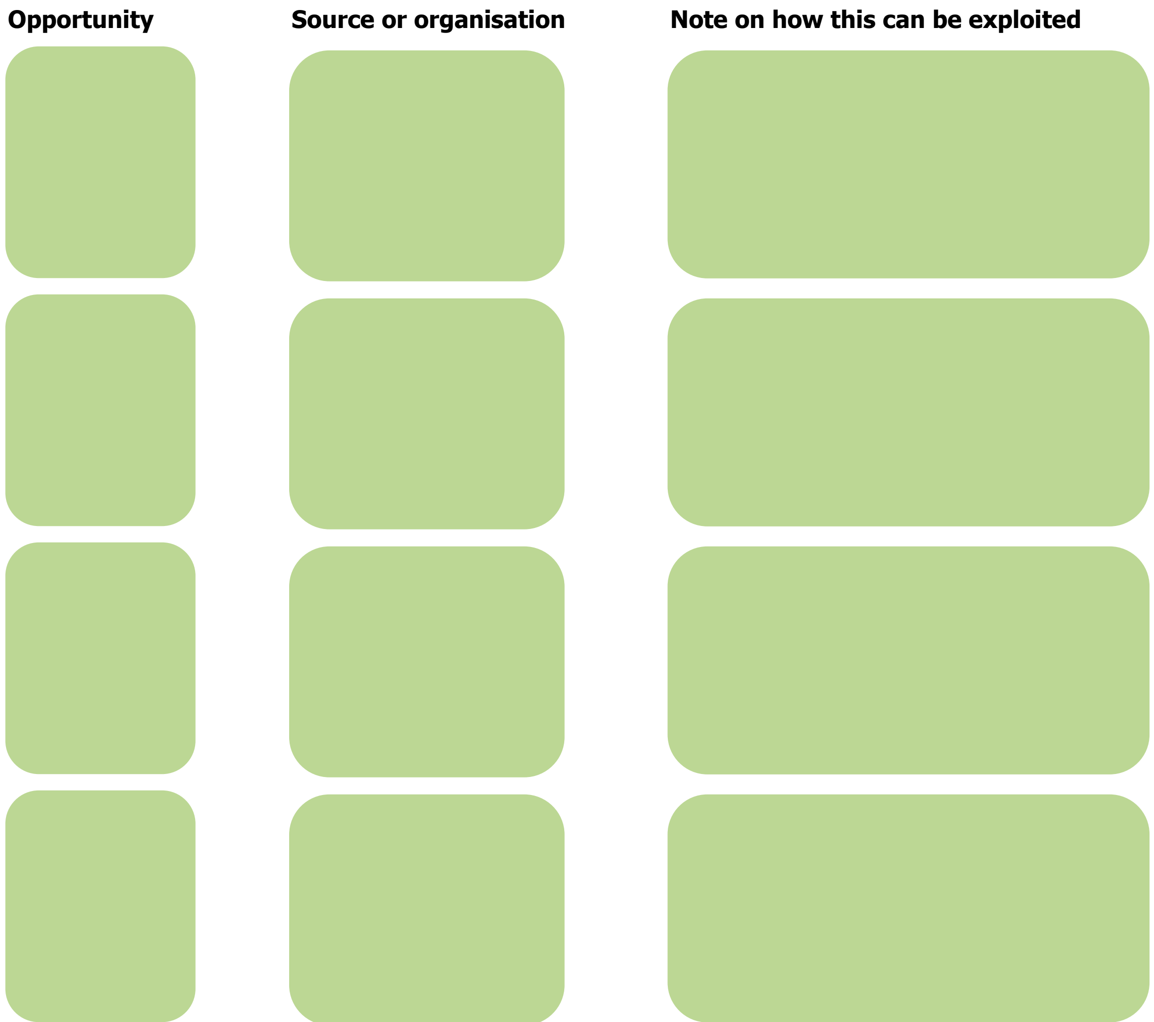
How and why: Risks associated with delivering the programme should be recorded and prioritised in order to ensure that a management plan is in place to reduce potential impacts and, if possible, prevent any negative consequences of risks impacting on the programme.



Tool 40. Use this tool to record opportunities that arise as you deliver the programme and how you will maximise the opportunity to deliver your programmes objectives

Opportunities record

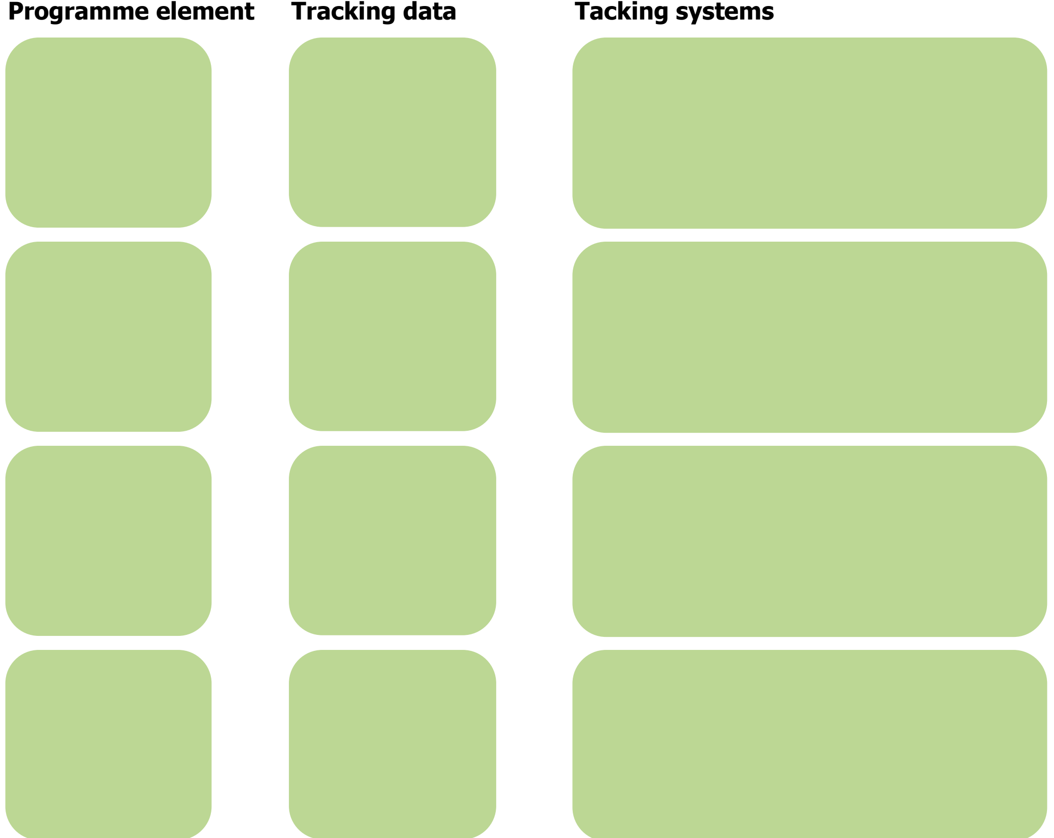
How and why: Keep a record of opportunities that arise during the course of the programme – these may relate to the programme itself or to related issues in the environment. Regular reviews should be undertaken about how any such opportunities can be used to assist delivering the programme objectives.



Tool 41. This tool is for recording a summary of how well the programme is delivering its interventions

Short term impact tracking (Monitoring) Plan

How and why: Set out how the project or programme will be tracked in terms of its short term evaluation and how the project or programme delivery will be measured to ensure that it is as prescribed in the project plan. Also set out how learning will be captured as the project proceeds. This will help develop the programme into its next phase of delivery.



Tool 42. Can be used to record how individual interventions will be managed, who is responsible and how they will report progress

Management and reporting strategy

How and why: Use the checklist on this form to detail who will manage the programme and how. It is vital that all projects have a clear management and reporting structure that enables the programme to be effectively and efficiently managed.

Person responsible for the overall project

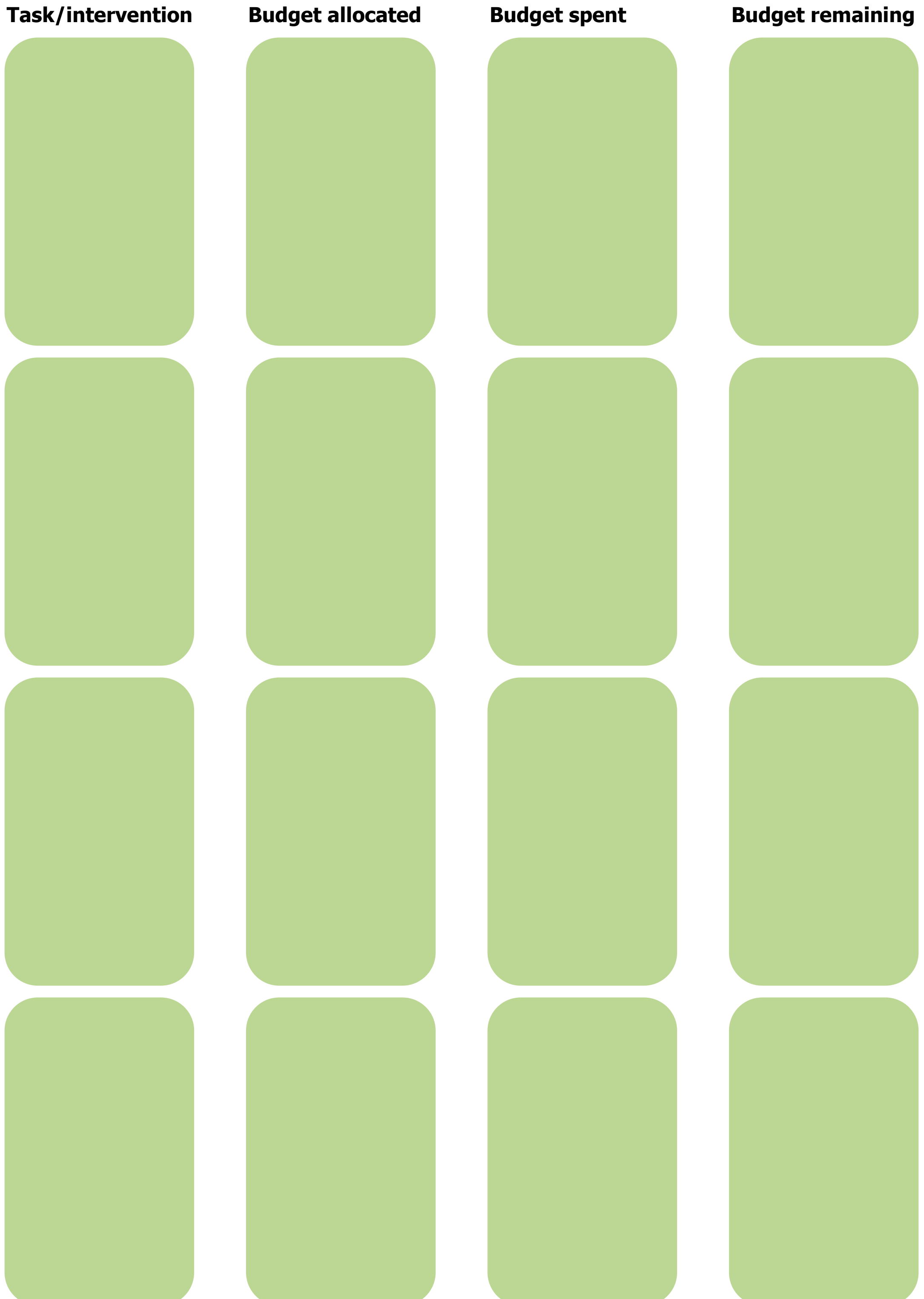
Person responsible for daily management of the project

Other responsible officers and areas of responsibility

Agreed reporting arrangements (time, frequency, form of reporting)

Tool 43. Use this tool summarise how allocated budgets are being used in delivering the intervention mix

Budget tracking tool



Learn and act - Task 9 - Evaluating and reporting

Tool 44. Outcome evaluation record - use this tool to record the outcomes of your evaluation

Tool 45. Partner/stakeholder evaluation- use this tool to record the contribution of your stakeholders and partners.

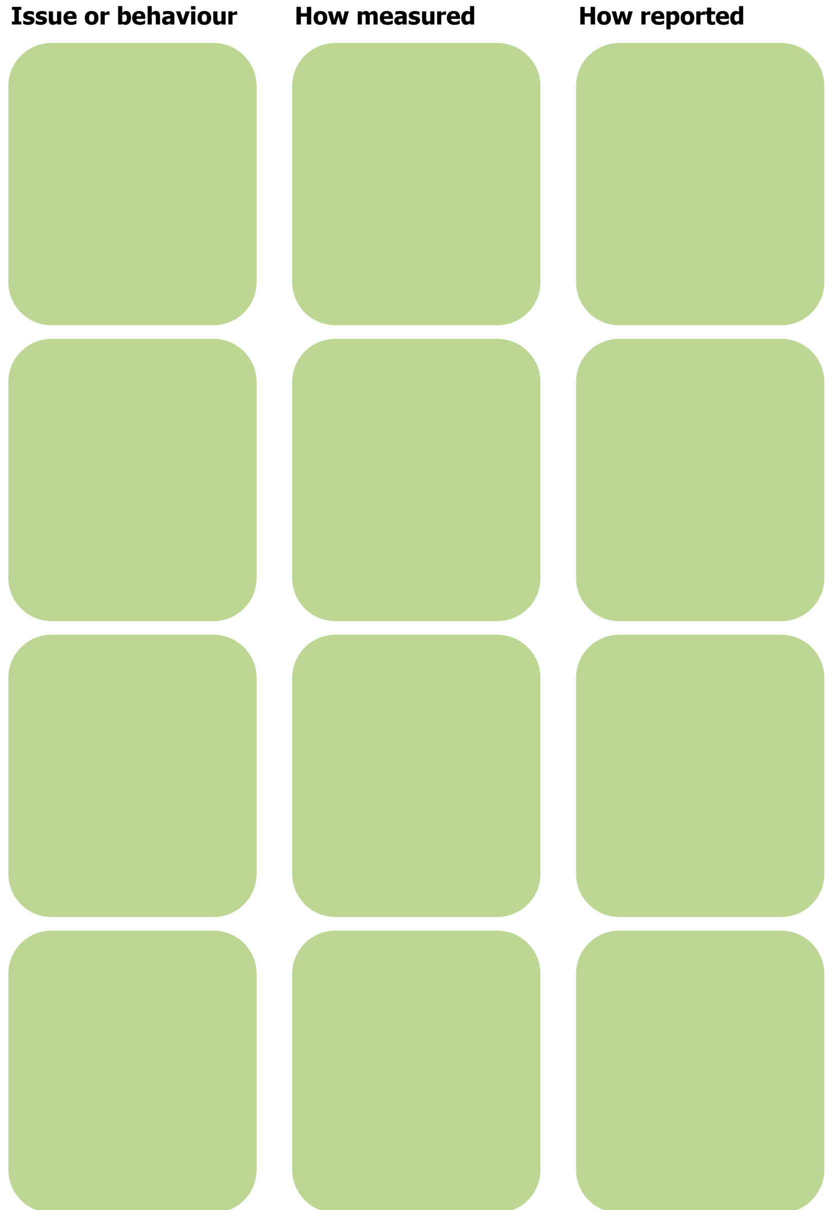
Tool 46. Evaluation report and recommendations - use this tool to make recommendations based on your evaluation.

Tool 44. Use this tool to record the outcomes of your evaluation

Outcome evaluation record

How and why: List processes and targets that will be tracked and measured in the short to medium term to monitor the impact and efficiency of the programme. It is vital that evaluation criteria and targets are clear to everyone engaged with the programme.

Issue or behaviour **How measured** **How reported**



Tool 45. Use this tool to record the contribution of your stakeholders and partners

Partner/stakeholder evaluation

How and why: Use this tool to record stakeholder and partner evaluation. Keeping a record of stakeholder and partner views and contributions is a key part of assessing both the process and outcomes of the programme.

Partner/stakeholder

Did they deliver what was agreed?

Did they deliver it to an acceptable standard?

Did they take up what we offered them?

What went very well?

What went less well?

How satisfied are we with their contribution?

How satisfied are they with our engagement of them?

How satisfied are they with the delivery of the programmes objectives?

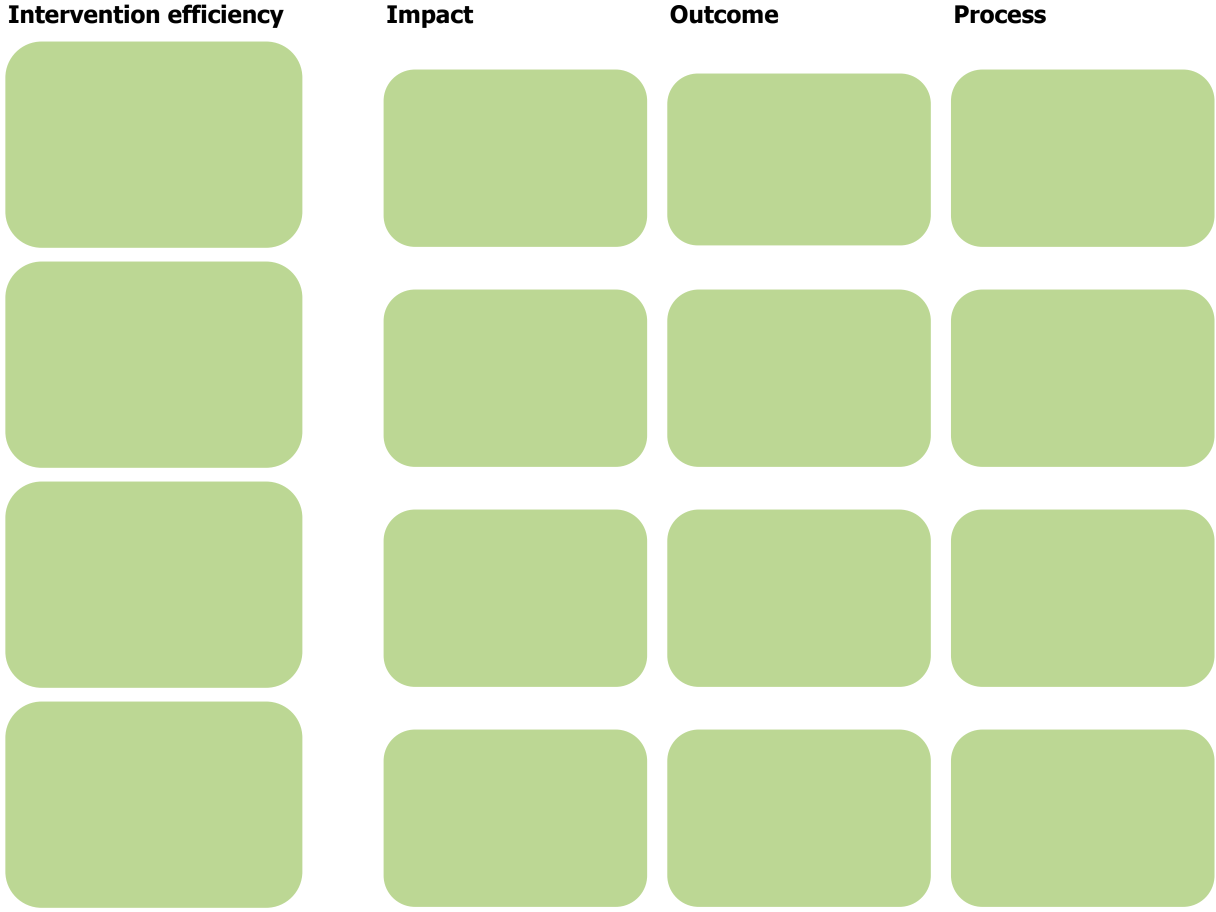
What opportunities exist for improving the partnership in future?

How could this be delivered?

Tool 46. Use this tool to make recommendations based on your evaluation

Evaluation report and recommendations

How and why: Record evaluation and summary recommendations of each intervention by process efficiency including return on investment, initial short term impacts and longer term outcome evaluation. This will help with planning of the next cycle of the programme.



Learn and act - Task 10 - Reviewing and building learning

Tool 47. Organisational learning strategy - use this tool to record actions that organisations should take based on your evaluation of your programme.

Tool 48. Dissemination strategy – use this tool to record how you will disseminate the results of your programme evaluation.

Tool 49. Organisational development plan – use this tool to set out your recommendations for organisational change and development based on your evaluation.

Tool 50. Forward strategic PESTLE analysis- use this tool to help you with your forward strategic development of the next step of your programme.

Tool 47. Use this tool to record actions that organisations should take based on your evaluation of your programme

Organisational learning strategy

How and why: Set out your strategy for engaging senior management, colleagues and staff in learning the lessons from the project. This will lead to a cycle of continuous improvement.

Actions

Tool 48. Record how you will disseminate the results of your programme evaluation

Dissemination strategy

How and why: Use the following list to record how you will disseminate what you have found and how improvements to the programme can be delivered. This will make a contribution to global understanding as well as help your organisation and partners deliver more effective and efficient future programmes.

Methods to be used for dissemination of learning - indicate audience:

Project report sent to managers, stakeholders and funders

Presentation to funders/managers

Presentation to stakeholders

Project report made available to the target audience

Local newspaper or media story/article

Paper in professional journal

Workshop/seminar at regional or national conference

Record the project with the national agency

Other

Tool 49. Set out your recommendations for organisational change and development based on your evaluation

Organisational development plan

How and why: Set out actions to address any organisational barriers within your organisation that you have identified that may reduce the impact or restrict the impact of your social marketing plan. This will increase the probability of future success.

Organisational barrier	Proposed action

Tool 50. Use this tool to help you with your forward strategic development of the next stage of your programme.

Forward strategic PESTLE analysis

How and why: Keep a record of issues that will need to be considered to ensure the sustainability of your programme. If the programme needs to be sustained over the medium to long term you can use PESTLE to assess future issues and opportunities.

	Likelihood	Level of impact
Political		
Environmental		
Social		
Technical		
Legal		
Economic		

Annexes

A1. The characteristics of successful behavioural intervention planning

Programmes aimed at influencing human beliefs, attitudes and behaviour are complex in nature. While it is not possible to develop an exact formula that can be universally applied for delivering population-focused behaviour programmes that will result in success every time in every situation, there is an emerging set of principles that can help us in the development and application of such health interventions.

There are a number of universal underlying health intervention planning principles that have been shown to increase the likelihood of success i.e. irrespective of the health issue, target group, targeted behaviour or country context [2–3]. These characteristics in many ways set out a counterpoint to those weaknesses of many social programmes outlined in Table 1. Although specific programmes themselves cannot often be exactly replicated, evidence derived from academic and policy literature, field trials and programme evaluations demonstrate that there are a number of common characteristics that most successful programmes exhibit.

The sources of evidence range for what good social programme intervention planning is considerable. Many social marketing texts [4–7] set out key planning elements. Other sources come from reviews of good social intervention design [8] and generic social programme implementation [9] through to specific guidance in areas such as health improvement [10] environmental interventions [11–12] and behavioural design [13–14].

There are also a number of specific planning guides and checklists that have been developed for planning specific aspects of social marketing such as how and when to use of new media [15], engaging with corporate partners and stakeholders [16], enabling community empowerment [17] and using advocacy programmes [18], cultural change [19], and the use of mass media [20].

A good summary of much of this planning and other social programme design considerations is encapsulated in the Medical Research Council (MRC) [21] guidance on developing and evaluating complex interventions. This guidance sets out a number of helpful questions that planners and researchers should address when seeking to set up such programmes. In the planning and early development steps of a programme these questions include:

- Are you clear about what you are trying to do, what outcome you are aiming for, and how you will bring about change?
- Does your intervention have a coherent theoretical basis?
- Have you used this theory systematically to develop the intervention?
- Can you describe the intervention fully, so that it can be implemented properly for the purposes of your evaluation, and replicated by others?
- Does the existing evidence, ideally collated in a systematic review, suggest that it is likely to be effective or cost effective?
- Can it be implemented in a research setting, and is it likely to be widely implementable if the results are favourable

The MRC paper recommends that, if any of these questions cannot be fully answered, there is further development work needed before projects are initiated. With regard to piloting and feasibility studies the guidance sets out additional questions that need to be considered:

- Have you done enough piloting and feasibility work to be confident that the intervention can be delivered as intended?
- Can you make safe assumptions about effect sizes and variability and rates of recruitment and retention in the main evaluation study?
- What design are you going to use, and why?
- Is an experimental design preferable and if so, is it feasible?
- If a conventional parallel group randomised controlled trial is not possible, have you considered alternatives such as cluster randomisation or a stepped wedge design?
- Have you set up procedures for monitoring delivery of the intervention and overseeing the conduct of the evaluation?

The paper also recommends that a focus on process evaluation is a good investment to explain discrepancies between expected and observed outcomes. Such an evaluation will also help build understanding about how the intervention context influenced outcomes. Including an economic evaluation will likewise make the results of the evaluation much more useful for decision-makers.

The National Institute of Health and Clinical Excellence (NICE) [22] has also developed a set of planning guidance for behavioural interventions, recommendations that cover much of the same ground as the MRC guidance, specifically NICE sets out three core actions related to generic planning and intervention design principles:

- Carefully plan interventions and programmes aimed at changing behaviour, taking into account the local and national context and working in partnership with recipients. Interventions and programmes should be based on a sound knowledge of community needs and should build upon the existing skills and resources within a community.
- Equip practitioners with the necessary competencies and skills to support behaviour change, using evidence-based tools. (Education providers should ensure courses for practitioners are based on theoretically informed, evidence-based best practice.)
- Evaluate all behaviour change interventions and programmes, either locally or as part of a larger project. Wherever possible, evaluation should include an economic component

A2. The importance of specific, measurable, behavioural objectives

It is possible to add to the list of core planning recommendations a further common characteristic associated with effective public health planning; the need for clarity of purpose.

Programmes that seek to influence health behaviour require a set of clear measurable behavioural objectives that are achievable within the timescales and resources of the programme. However, as already discussed, often programmes have unrealistic, or at the opposite extreme, no clear measurable objectives identified. Objectives need to be based on thorough research about what is achievable, realistic and ethically and socially acceptable. Having no clear goal or picking the wrong goal is a common mistake that organisations often make.

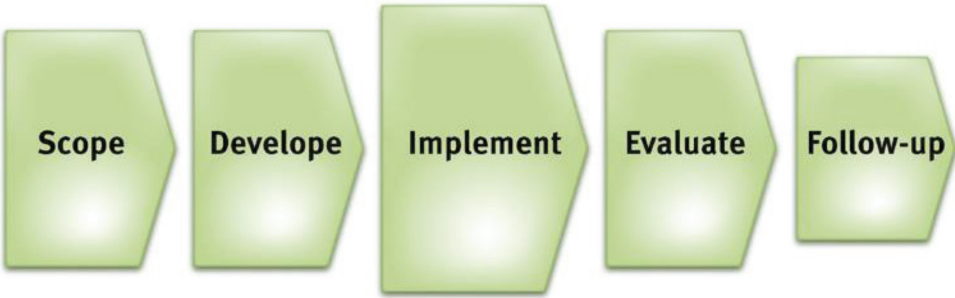
A fundamental principle for social marketing planning is that organisations need to focus on developing a set of unambiguous behavioural goals and the means of measuring the achievement or progress toward these goals as well as focusing on measuring and evaluating process activity. Clear outcome targets that accurately measure behaviour and its health impacts are essential elements of any social marketing interventions.

A3. Social marketing planning models

For many social marketers the 4P's of marketing (product, price place promotion) are still a key element of social marketing planning [5, 23]. The 4Ps concept has real strengths in that it presents four issues that a marketer needs to address when developing and implementing a programme. Advocates of this model stress that it ensures that programme planners go beyond just thinking about promotions and consider issues such as what the benefit of the health behaviour is (core product) as well as any tangible product there might be such as a malarial net. The model also encourages planners to think about the cost of adopting behaviours (price) and the channels of persuasion that should be used (place). However many leading social marketers [24, 25, 26] believe it is time that the 4Ps were consigned to the history of social marketing. One of the big weaknesses these authors point out is that the 4Ps approach starts from the perspective of the social marketing planner and not the client. When using the 4Ps approach it is also possible to omit a consideration of wider influences on behaviour such as environmental and economic factors. However, the 4Ps are still a helpful conceptual model that can help in the development of social marketing plans alongside other conceptual models and tools.

In addition to the 4Ps model there are a number of specifically developed social marketing operational planning frameworks and models that practitioners can either use or adapt to their own situation. Some of the best know planning models are the five-stage Total Process Planning (TPP) model [27] that consist of five stages of planning, see Figure 1. The six-phase CDCynergy Social Marketing edition tool [28] can be seen in Figure 2. This model is a comprehensive model that sets out six phases of planning and is accompanied by a large section of tools and reference material, in 2012 CDC produced a simplified version for smaller scale projects.

Figure A1. Total process planning model of social marketing



Source: French J, Blair-Stevens C. Big pocked book of social marketing. National Social Marketing Centre. 2006

Figure A2. CDCYNEGY social marketing planning model

Source: CDCYNEGY planning tool for social marketing (2005) Atlanta. GA. Centers for Disease Control and Prevention

The WHO COMBI planning model [29] - see Figure 3 - is another well-known and widely used planning model that is focused specifically on health issues and has been developed for application in developing world settings.

Figure A3. The seven planning steps of COMBI

Step 1: Defining the preliminary behaviour objectives

Step 2: Rapid situational market analysis

Steps 3 and 4: Refining objectives and designing an overall strategy

Step 5: Preparing detailed plans of action and a budget

Steps 6 and 7: Monitoring and evaluating interventions

Source:WHO.(2012). Communication for Behavioural Impact (COMBI)..A toolkit for behavioural and social communication in outbreak response. Ref; WHO/HSE/GCR/2012.13 Luxembourg. WHO and Unicef. WHO Department of Global Capacities Alert and Response. Geneva.

There are numerous other models available [30, 31, 32]. In addition to these models many specialist social marketing companies and institutions have developed their own planning models frameworks.

Each of these planning models set out a number of steps that proceed from analysis through development and into implementation and then evaluation. Each of these planning models also has advantages and disadvantages. Some are very simple and easy to apply others are more comprehensive and require more effort.

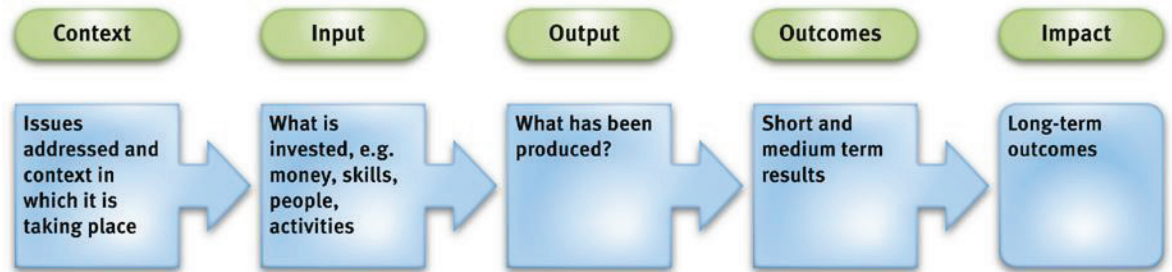
Key issues to consider when selecting a social marketing planning model is the scale and complexity of the behaviour you are seeking to influence. Social marketing can be applied to small-scale local projects with little or no budgets or to large-scale sustained international programmes. When a large-scale investment is being made in a social marketing programme it will requires a more thorough planning approach and reporting process.

Many of these planning models have been influenced by a planning process known as 'Logical Frameworks'. Log Frames as they are often known have their roots in military planning [33]. The Log Frame approach [34] is popular

because it uses a simple visual framework with key headings to describe a logical and staged process and a set of key task. Log Frames requires practitioners to identify and describe a number of key elements of their intended intervention. These include:

- The issues being addressed and the context within which the intervention takes place.
- The inputs – resources and activities – required in order to achieve intervention objectives.
- Outputs (e.g. in terms of target groups to be engaged, roads built, products developed)
- Outcomes (i.e. short and medium-term results, such as changes in traffic flow levels and model shifts)
- Impacts (i.e. long-term results such as better quality of life, improved health, environmental benefits etc.)

Figure A4. Components of an intervention log frame



Source: Fry Consultants Incorporated (1970). Final Report Contract No. csd-2510 July 24. Project evaluation and the project appraisal and reporting system. Volume one. Agency for International Development.

The Log Frame process, see Figure 4, also involves developing consensus amongst stakeholders about interventions, outcomes and impacts. Log Frames emphasise the identification of 'Objective Verifiable Indicators (OVI's) and Means of Verification (MOV) to ensure that what is expected to happen is tracked and reported on.

As with other planning models, Log Frames can have the danger that they are sometimes rather rigidly applied and so stifle the opportunity to react to changes in circumstances outside the programme plan. The other key problem associated with a number of these models is that like comprehensive health promotion planning models [35, 36], they are made difficult by their comprehensive approach to defining problems and seeking comprehensive solutions to complex problems. Social marketing takes an alternative position by seeking to break health challenges down into smaller challenges and developing systematic interventions to tackle them one by one.

A4. The need for sustained and outcome focused budgeting

When investing in behavioural change programmes there is a threshold point that must be reached in terms of population awareness, attitude and action before any return on investment can be measured. In an increasingly competitive environment for attention and engagement, public programmes that aim to bring about positive social behaviour are often not funded to a sufficient level that they are able to bring about a measurable impact on their intended target audiences.

The amount to be invested to achieve measurable impact on behaviour in target segments is a key factor to be determined in the development phase of any planned programme. A second key consideration is the time frame over which an investment will need to be maintained to achieve the targets of the programme. If funders are not able to commit sufficient funds over the required period they must be made aware that the impact of their more limited investment may be reduced further by a lack of perseverance. Impact over time is a key issue to be addressed when putting together a full business case for investing in behavioural change. A move towards outcome based budgeting can be aided by the adoption of what has been called the 'Three step process', [37] for budget allocation to behavioural programmes.

Rather than allocating a fixed amount of financial resources to scope, develop, implement and evaluate a programme it is more effective if budgets are allocated in three steps.

- First a budget should be allocated to scope an issue, to understand the problem audiences and the assets that exist or could be brought into play and the obstacles to success. The key output from this scoping phase is a report that sets out a clear statement of the problem and desired improvement, initial intervention propositions based on a review of evidence, data and market research and a costed plan for a 'development phase' to refine the proposed interventions.
- The second step begins on completion of a scoping step. Based on the findings and recommendations of the scoping report commissioners should allocate a second budget for development. This phase will work up the proposals, undertake field testing and refinement or if necessary redesign the proposed interventions so that they meet the requirements of the programmes and are acceptable to the target market and stakeholders.

- The third step commences after the development phase. A full business plan should be developed that will form the basis of full and sustained funding allocation to scale up and fully implement the recommended interventions and evaluate their impact.

If this three-step approach to funding is applied by and complemented by practitioners in the public sector setting out the evidence for their recommendations, estimates of projected savings and value for money analysis the chances of well-executed behavioural intervention will increase. Such an approach would also result in the development of a growing cost evidence base for social behavioural interventions that would inform future planning and budgetary decision making. However the need to develop a greater focus on the design of efficient as well as cost effective programmes is not without complexity as a number of economic factors will need to be taken into account when assessing the overall economic and return on investment impact of a programme. For example in the health field:

> There are also wider economic benefits to individuals and society, arising from reductions in the effects of passive smoking in non-smokers and savings to the health service and the employer. These wider benefits are often omitted from economic evaluations of cessation interventions, which consequently tend to underestimate the true value for money afforded by such Programmes [38].

Comprehensive econometric measures of social marketing programme impacts are not simple to do but accessible guidance about how such evaluations can be has been developed [39].

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