



# Lessons Learned on the Ground:

Four Case Studies in California's  
**HIV** Prevention High-Risk  
Behavior Change  
(Social Marketing)  
Campaign  
**2004-2007**

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### Sharing Lessons Learned

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In the following pages, four California local health jurisdictions (LHJs) funded by the California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA)<sup>1</sup> share their successes and lessons learned concerning social marketing programs at the local level. This report is written especially for those considering using social marketing as part of a comprehensive behavior-change strategy. No claims are made that the methods described here will be effective for any particular program or communities, but the following report focuses on the practices that the funded LHJ practitioners believe make the most effective use of time, money, and human energies.

The lessons learned by LHJs in the HIV Prevention High-Risk Behavior Change (Social Marketing) Campaign, 2004-2007, apply to many other social marketing opportunities in public health. Social marketing can be an excellent tool for reframing behavior, reducing barriers to change, motivating individuals to explore behavioral alternatives, reaching unserved or underserved populations, and nudging social norms in the direction of positive change. It can complement public health outreach, education, and service delivery by increasing public receptivity to new ideas. As in other marketing strategies, social marketing emphasizes the importance of individuals' desires (or wants) with the goal of eliciting, and thereby creating voluntary behavior change. Knowing or understanding what is needed is not always enough to change behavior. By emphasizing benefits and overcoming barriers to change, marketing tactics can reach and motivate the masses or persuade the targeted few to choose new and healthier behavior.

One of the objectives of this report is to help health policy decision-makers and practitioners in LHJs consider if they also have the capacity and the commitment to take on social marketing projects. Learning from the experience of others also helps less experienced practitioners develop realistic expectations of what social marketing can achieve and the resources that are required for success.

This report introduces its readers to the use of the marketer's motivational toolkit as a complementary tool to other public health interventions. The four case studies cited here illustrate social marketing's wide range of tactical options. Tips and warnings are highlighted in the boxes in each case. A sample budget is also included, although no two campaigns will have the same spending priorities. The glossary defines some commonly used social marketing terms. (The first use of each term is underlined.) At the end of this report is a list of the resources found most helpful by LHJs in planning, executing, and evaluating their local programs. While all LHJs applied the CDCynergy planning tool, several other resources and methodologies were also used.

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<sup>1</sup> At the time of the grant funding the division's title was California Department of Health Services, Office of AIDS.



### Background

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In 2004, following a formal and competitive selection process, four California LHJs were funded to undertake social marketing campaigns. Each of these jurisdictions, the City of Long Beach and the Counties of Sacramento, San Diego, and Sonoma, already had several years' experience in social marketing (resulting from earlier HIV prevention funding). OA had specified which high-risk populations were to be addressed; in some cases these audiences were the same as those that had been addressed in previous campaigns. They included high-risk men and women, in particular, people of color; or gay, bisexual, or other men who have sex with men (MSM).

Each LHJ received equivalent resources during the period beginning in July 2004 and continuing through June 2007. These were:

- \$280,000 per year for three years;
- Technical assistance from OA staff who provided ongoing consultative assistance, program review and site visits, and periodic educational and developmental all-sites meetings; and
- CDCynergy Social Marketing Edition, a CD-based comprehensive planning tool that guided each LHJ's planning and reporting process.

Each LHJ also met these requirements:

- A local Materials Review Panel was assembled in each LHJ. The panels were comprised of community representatives with expertise in the field but no direct links to the project. These panels screened all communications materials prior to release to determine if they met local standards of acceptability;
- A comprehensive marketing plan was developed, based on the CDCynergy template;
- Semiannual progress reports with supporting documentation were produced;
- Internal review boards (IRB) pre-approved all survey documents prior to use with human subjects; and
- Evaluating Local Interventions (ELI) reports were completed.<sup>2</sup>

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<sup>2</sup> In 2008, the ELI system is being replaced by the Local Evaluation Online (LEO) system, a Web-based information system for collecting and accessing information on HIV prevention activities.



Finally, each LHJ established a core planning team consisting of public agency and nonprofit staff, as well as representatives of their target audiences. Other stakeholders (such as service providers, health policymakers, etc.) were engaged on an ad hoc basis. Additionally, in fulfillment of social marketing's mission of integrating audiences into the planning process, each LHJ convened panels of audience representatives for additional input.

### **Social Marketing in a Nutshell**

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California's HIV prevention social marketing campaigns followed the discipline of social marketing, defined as "the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole."<sup>3</sup> Social marketing provides a logical process for organizing a behavior-change initiative. Some of the marketing fundamentals that are critical to the success of social marketing campaigns include these:

#### **Know Your Audience; Segment Your Audience**

Social marketers put the audience at the center of every decision they make. Marketers use formative research to achieve a deep understanding of the needs, wants, values, perceptions, benefits and barriers, and motivation of their audience(s). They cluster audiences by what makes audience subgroups, or "segments," alike and different from one another. This can reflect many factors, including whether they do or do not do the desired behavior, how ready they are to try the desired behavior, what barriers get in the way of adopting new behavior, what they need to overcome barriers, and other characteristics. Get to know your audience, and remember that *you* are not the audience!

#### **Action Is the Objective**

Social marketing is about *action*. Marketers must be clear about what the audience will DO as a result of the campaign. Greater awareness, increased knowledge, and attitude change are helpful but only as they lead to the desired behavior.

People usually go through "stages of change" when adopting new behavior, starting with awareness that change is necessary. They become curious, and seek more knowledge, but may not yet be ready to change behavior, possibly because barriers are in the way. Social marketing helps remove barriers that prevent behavior change, and helps build motivation to try something new. Once a new behavior is attempted, social marketing can help make it habitual through reinforcement.

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<sup>3</sup> Kotler, Philip, Ned Roberto, and Nancy R. Lee, *Social Marketing: Improving the Quality of Life* (Sage Publications: 2002), p. 5.



## Executive Summary

At any given time, only a fraction of your audience will be ready to take action. It is important to understand this when setting realistic expectations of what a campaign can accomplish or what an audience will accept.

### Craft an Appealing Exchange

The behavioral exchange (a new behavior for an old one) is central to social marketing's objectives. Because behavior change is voluntary, the audience must be offered what it *wants* in exchange for changing behavior, not just what marketers think audience members *need*. For this reason, a social marketing campaign must offer the audience something very appealing in return for the new behavior. This offering must be clear, readily available, and appealing to your audience. In commercial marketing, the exchange is both tangible and intangible. The tangible part is giving up money for a product. The intangible part is the consumer's associations with the brand and its attributes. Think of buying a pair of athletic shoes. The tangible transaction involves the new shoes for the money, and the intangible element involves the "just do it" image the buyer has of herself and what the shoes will enable her to do.

Social marketers must understand their audiences well enough to understand what will motivate them to make changes in their lives. What benefits can you offer to help them take that step? How can you make it easier for them?

### Address Competition

For every desirable behavior there is a competing behavior (opposing social forces, institutions, or products, even if it is "to do nothing"). Because the audience can always choose to do something else, social marketers must make their appeals more compelling, or easier to do, than the competition's.

### Use Marketing's "4 Ps"

The "4 Ps of Marketing" (Product, Price, Place, Promotion) are helpful means of organizing interventions. Social marketing applies these "Ps" slightly differently than commercial marketing does.

- **Product:** The tangible product is the behavior or action itself (for example, using condoms); the intangible product are the associated benefits realized (such as freedom from anxiety about transmitting HIV), as well as add-ons or premiums that make the product more fun, easy, and popular (widely accessible, free condoms, in styles that are popular with the target audience).
- **Price:** Price refers to the financial, emotional, psychological, or time investment costs or barriers audience members face in making the desired behavior change.



- **Place:** Place is where and when the target audience: a) will perform the desired behavior; b) will access program products/services; or c) thinks about the issue.
- **Promotion:** The visible “tip of the iceberg” of social marketing, comprised of communication messages, materials, distribution and media channels, and activities promoting the benefits of the behavior change.

### Apply Policy Strategies

Social marketers consider the role that policies, rules, and laws can play in effecting social or behavioral change. Policy strategies address laws and regulations that influence the desired behavior, such as offering anonymous or confidential HIV testing, partner notification, and strengthening community resources to help people living with HIV lead healthier lives.

### Monitor and Adapt

Monitoring data ensure the program is being implemented as planned and can reflect whether your strategy and tactics are effective or need midstream adaptation. Among the questions social marketers ask are: Are we reaching the right audience? Are we reaching them with the right appeal? Are they taking the desired action? Can the effects be attributed to our program?

### Base Decisions on the Evidence

Evidence-based decision-making gives social marketers confidence in program design and predicted effectiveness. Helpful techniques at the outset include review of available data, the current literature on behavioral theory, and best practices of programs addressing similar problems. Ongoing monitoring and market feedback will reveal need for program adaptations, and summative evaluation will reflect actual outcomes.

The following pages describe how the four LHJs applied these principles in the field.

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## RESOURCES IN THE SOCIAL MARKETER'S TOOLKIT

LHJs used several planning tools that helped them communicate succinctly about the campaigns. These included the Logic Model, the BEHAVE worksheet, and CDCynergy's planning tools.

### **The Logic Model**

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The logic model employed in behavior change helps planners connect their activities with overall strategy. Several versions of the logic model are in use. The following is the formatting shown for each case study in this report:

**In Order To Help...** (Target audience definition);

**To Do This Specific Behavior...** (Behavioral objective);

**We Will Offer These Benefits...** (Benefits of the new behavior);

**And Reduce These Barriers...** (Barriers to the new behavior).

### **The BEHAVE Spreadsheet**

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Every LHJ completed the "BEHAVE" worksheet, a summary of the marketing campaign. The form, developed by OA for use in the campaigns, offers a brief encapsulation of the marketing plan that was useful for introducing people to the overall plan. An example from one county appears on the next page. While the table may run several pages, only the first page is shown as a sample.



## Behavior Change (Social Marketing) Campaign Worksheet Summary

Behavioral Objective	Benefits	Barriers or Competition	Behavioral Science Theory	Key Elements In Program Design	Beneficial Exchange	Proposed Program Activities	Integrated Mix & Implementation	Monitoring Or Evaluation	Budget
Identify the segmented target audience. What are behavioral objectives for the target audience. What are you asking them to do?	From the audience's point of view: what are the good things that can happen as a result of adopting the behavior?	From the audience's point of view: what are the bad things that can happen as a result of adopting the behavior?	Describe the behavioral science theory selected to support the effort to change behavior with this audience segment.	Given your behavioral objective and research what do you want program activities to do?	What benefit will be offered to the target audience in exchange for behavior change? How will the campaign increase the attractiveness of the desired behavior or decrease the attractiveness of the undesired behavior?	List program activities to reduce barriers and maximize benefits. Analyze program activities with the Marketing P's to determine your marketing mix.	Sketch out the rollout of activities for implementation. How are activities integrated with each other?	How will program activities be monitored?	Estimate the percentage of your implementation budget devoted to this target population & each program activity.
<b>Target audience: Primary: HIV-positive men who have sex with multiple male partners, including substance users.</b>									
<b>OBJECTIVE:</b> Increase utilization of services provided by partner agencies and organizations in Sonoma County that promote use of harm reduction skills as a result of exposure to campaign.	Improved self-image by staying informed and using information to make decisions that benefit their health and the health of their partners. Through this they will learn better how to have intimacy needs met, stay more connected with the community, and reduce fears of rejection through negotiation preparedness.	Linking sex with use of alcohol and/or drugs. Having a "vacation" mentality. Hooking up with sex partners on the Internet. Losing opportunities for quick, uncomplicated, sometimes anonymous sexual encounters.	Trans-theoretical Stages of Change Model Health Belief Model Social Learning Theory Diffusion of Innovation Theory	Increase knowledge, awareness, skills, access, and condom use.	In exchange for: a) improved health, b) improved social life, and c) improved safety net or other support structures, HIV-positive MSM will 1) Adopt risk reduction practices with partners outside monogamous relationships, 2) Increase their skills in negotiation for safer sex, including but not limited to status disclosure, 3) utilize services that help them learn and practice risk reduction methods, or 4) increase their understanding of known risk reduction techniques.	Local website for HIV-positive MSM at www.stayinformedsonoma.net Online self-administered risk assessment tool at the website. Advertising in gay-oriented print media. Web banners on sites frequented by HIV-positive gay and bisexual men Distribution of collateral materials. Collaborate with service providers, event producers, bars, and resort owners for distribution of message-bearing materials.	Through consistent theming, the campaign's advertising, Internet, and specialty advertising presence create a branded identity for reducing risk.	Number of individual hits on the website. Number of uses of the risk assessment by HIV-positive gay and bisexual men. Source of referral data collected by provider of first time HIV-positive gay and bisexual male inquiries. Event data recorded (types of events, locations/venues, topics discussed, information delivered, materials distributed).	\$280,000

Organization: County of Sonoma, Department of Health Services, Prevention and Planning Division ~ Program: HIV Prevention High-Risk Behavior Change Campaign.  
Updated: February 2006.



### **CDCynergy Social Marketing Edition<sup>4</sup>**

CDCynergy is an interactive step-by-step, CD-based program for developing a comprehensive social marketing plan. It allows users to assemble the pieces of a health communication plan systematically by answering questions in a specific sequence. In addition to providing an outline for all the elements a plan must address, it includes resources, links, case studies, expert suggestions, and many other useful features.

There is much to be learned about social marketing through textbooks, planning guides, training, conferences, and workshops, or through universities or consultants. Because the elements of social marketing are effectively presented in CDCynergy, this report focuses its attention on lessons learned by practitioners in the field. Anyone setting up a social marketing program should use a combination of resources, both formal and informal, to assure that the program is complete.

*A summary of the steps contained in CDCynergy appears below:*

#### **CDCynergy Social Marketing Edition Process Steps**

##### **Phase 1: Problem Description**

Step 1.1, write a problem statement. Step 1.2, list and map the causes of the health problem. Step 1.3, identify potential audiences. Step 1.4, identify models of behavior change and best practices. Step 1.5, form your strategy team. Step 1.6, conduct a SWOT analysis.<sup>5</sup>

##### **Phase 2: Market Research**

Step 2.1, define your research questions. Step 2.2, develop a market research plan. Step 2.3, conduct and analyze market research. Step 2.4, summarize research results.

##### **Phase 3: Marketing Strategy**

Step 3.1, select your target audience segment(s). Step 3.2, define current and desired behaviors for each audience segment. Step 3.3, describe the benefits you will offer. Step 3.4, write your behavior-change goal(s). Step 3.5, select the intervention(s) you will develop for your program. Step 3.6, write the goal for each intervention.

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<sup>4</sup> CDCynergy V2 was co-developed and produced by: RWJ Turning Point Initiative, the Academy for Educational Development, the Centers for Disease Control and Prevention, National Center for Health Marketing, and the Oak Ridge Institute for Science and Education. It can be ordered at <http://tangibledata.com/CDCynergy-SOC/Drive-thru/index.cfm>.

<sup>5</sup> Strengths, weaknesses, opportunities, and threats (SWOT).



### Phase 4: Interventions

Step 4.1, select members and assign roles for your planning team. Step 4.2, write specific, measurable objectives for each intervention activity. Step 4.3, write a program plan, including timeline and budget, for each intervention. Step 4.3a, plan new or improved services. Step 4.3b, develop or adapt a product. Step 4.3c, plan a strategy for policy change. Step 4.3d, plan communication intervention/promotion activities. Step 4.4, pretest, pilot test, and revise as needed. Step 4.5, summarize your program plan and review the factors that can affect it. Step 4.6, confirm plans with stakeholders.

### Phase 5: Evaluation

Step 5.1, identify program elements to monitor. Step 5.2, select the key evaluation questions. Step 5.3, determine how the information will be gathered. Step 5.4, develop a data analysis and reporting plan.

### Phase 6: Implementation

Step 6.1, prepare for launch. Step 6.2, execute and manage intervention components. Step 6.3, execute and manage the monitoring and evaluation plans. Step 6.4, modify intervention activities as feedback indicates.

## Questions to Ask Yourself

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As a social marketing campaign progresses, it is wise to periodically reflect on larger issues affecting campaign success. Ask yourself the following questions, which were posed in a self-audit developed by Bill Smith of the Academy for Educational Development (AED).<sup>6</sup>

- Are we focusing on the right audience and behavior to maximize our unique abilities?
- Do we have a reasonable chance to meet our goals?
- Are we using the right tactics and marketing mix to achieve those goals?
- Are we offering a benefit that will compete with our competition?
- How do we know our perceptions are correct?

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<sup>6</sup> *Social Marketing Self-Audit*, a social marketing tool from AED. By permission. Contact [www.aed.org](http://www.aed.org) or [jstrand@aed.org](mailto:jstrand@aed.org).



## SUGGESTIONS FROM EXPERIENCED SOCIAL MARKETERS

Advice in this section reflects the experience of most or all LHJs. Additional recommendations appear in each case study. The suggestions are organized in the same sequence as the issues are addressed in CDCynergy.

### **Suggestions: Phase One (Mobilization)**

- Weigh your LHJ's social marketing resources or constraints in terms of staff, financial resources, political support, and marketing know-how available to a campaign.
- Consider the impact on personnel for program management, coordination, and monitoring.
- Select partners and contractors for implementation who share your public health values and mission, and have proven adept at social marketing (see "In a Nutshell" at the beginning of this section). This includes nonprofit community-based organizations (CBOs), advertising agencies, evaluators, and other external resources you may engage.
- If you have never before hired advertising agencies or marketing evaluators, or purchased broadcast or print [media](#), get expert suggestions on how to define a social marketing project and create a Request for Proposal, negotiate fees, purchase rights to creative work, supervise the work, and manage production delays or specification changes.
- Set up a generous, flexible timetable, and build in practices that help you stick to it, such as: regular and frequent communication between members of the implementation team, use of a Gantt chart (as illustrated in CDCynergy), cumulative budget-tracking, activity logging, and other practices. Prevent surprises by communicating often with funders and contractors about expectations, timelines, and budgets.
- Start immediately to build relationships with all groups that can impact the success of your campaign. These groups may include but are not limited to government, nonprofit, academic, and business sectors, as well as audience members.
- Do not ignore issues that may be raised by groups opposing your campaign.
- Nurture your advisory groups and other volunteers. Show them their input is valuable by creating a friendly and safe environment for sharing, with brief and meaningful meeting activities, scheduled at their convenience, with refreshments! Demonstrate how you are applying their advice, acknowledge the group's commitment and dedication to their important work, and give them ample credit for the campaign's success. In other words, make campaign participation fun, easy, and popular.



## Suggestions from Experienced Social Marketers

- Acknowledge competition to the behavior you promote. It may be an organized group or industry or an alternate behavior. Different types of competition require different strategies. Consider whether the competing behavior is simple or complex; addictive; immediate reward or delayed reward; legal, taboo, or illegal; individual or social.
- Use the process known to marketers as positioning to clarify the strengths of your organization, as the source of messages about behavior, in the opinion of your audience. Positioning is how audiences view the attributes of competitors in comparison to each other. Questions to consider include: what do our organization, its messages, and the behavior we promote represent in the eyes of our audience, as compared to competing institutions and behaviors? What qualities are associated with our name? What does our audience consider we are best at? What are we able to offer them uniquely that the competition cannot do as well?<sup>7</sup>

### Suggestions: Phase Two (Research)

- Ask yourself: what do I want my specific audience to do that it is not doing now? (Remember, social marketers seek action as the outcome of their work.)
- With so many questions to be answered by market research, focus your research on getting the answers that will make a difference in how you conduct your program.
- Use formative research to gather evidence, not to make a case or promote your cause. At the same time, note that any contact with target audiences or stakeholders builds awareness of the issues and can increase future support for your campaign.
- Use systematic and deliberative techniques in your formative research:
  - Standardize surveys;
  - Get approval of IRB;
  - Identify application of research before designing;
  - Document findings; and
  - If your budget can afford it, have a third-party evaluator help with design, implementation, and interpretation to assure objectivity.

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<sup>7</sup> Adapted from *Social Marketing Self Audit*.



## Suggestions from Experienced Social Marketers

- Do not be surprised if you need to rethink your audience or your behavioral objective after you have started research.
- If you can not afford full-scale research, follow these two rules of thumb for very low-budget research: 1) some information is always better than none; and 2) continue research until you find no new answers to your questions.

### **Suggestions: Phase Three (Strategy)**

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- Audience segmentation is one of the most difficult decisions your team will make. Try to address too many audience segments at once and your campaign will be too diluted (in message, behavioral objective, media purchases, and budget). Ask yourself: can our audience be further segmented by the benefits they care about, by the ways to reach them, by the people they trust, or by their readiness to take action?
- A clear definition of your target audience simplifies many social marketing tasks. Definition is different from an audience description. A definition is a brief statement that includes everyone you want to address, and excludes everyone you do not. For example, an audience may be made up of “gay men living in the downtown area.” This excludes people who live downtown but are not gay men (or do not identify themselves as gay), as well as anyone living outside downtown. Then, to understand your audience better, you can create a description of their typical characteristics: age, ethnicity, social networks, etc.
- The behavioral exchange should be explicit and well understood by everyone on the planning team. To adopt a new behavior people must give up an old behavior (even if it is “do nothing”). This is the exchange: the product (new behavior) for the price (what is given up to do the new behavior).
- Crafting the product-price exchange is one of the social marketer’s most significant decisions. Central to the social marketer’s value of voluntary change is the expectation that people will give up something in order to get something of greater perceived value. You want to increase the perceived value of the new behavior in relation to the value of the old, or you want to increase the perceived cost of the old behavior in relation to the new. Ways to raise the value of the new behavior might be to offer a new benefit, improve access, or make the behavior more fun, easy, and popular.<sup>8</sup> Ways to increase the cost of the old behavior include presenting new barriers or making it less popular. (Anti-smoking campaigns offer many clear examples of these trade-offs.)

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<sup>8</sup> In the words of Bill Smith of AED.



## Suggestions from Experienced Social Marketers

- Benefits are fun, easy, and popular, while barriers are not fun, difficult, and unpopular. In addition to improved health, benefits may also include approval, comfort, economy, humor, status, security, empowerment, altruism, freedom from guilt, adventure, winning, group membership, intimacy/romance, etc.
- In your messages, present evidence of the benefit, make it completely clear what you want the audience to do (not think or feel, but do), and show them why they can expect something fun, easy, and popular to happen when they do it.
- **Brand** your product: build on audience perceptions of your campaign and behavioral objective(s), assign a concise and memorable graphic and textual symbolism that distinguishes it from others, and maintain message consistency over time, place, and media. Your brand may identify one behavior or several. See the case studies for examples.
- It is common to find that audiences prefer messages and messengers generated by, or in the voices of, members of their own populations, as opposed to messages that seem “public healthy.” Pre-test messages to discover what will resonate best with your audience.

## Suggestions: Phase Four (Interventions)

- Beware of unintended consequences. Examples of risks social marketers try to avoid are: alienating the target audience by inadvertently perpetuating stereotypes or by “blaming the victim,” drowning out the message with too-flashy advertising techniques, overtaxing local service capacity by increasing demand, driving members of the audience underground by publicizing a stigmatized problem through mass media, or focusing on what you think an audience needs rather than what its members reveal they want.
- Budgeting takes place in this phase. Plan on all elements costing more, and taking more time, than you hope. Sample budget ratios appear in the case studies. Social marketers often wonder how much to budget for evaluation. A rule of thumb is to budget it based on: (a) a reasonable percentage of the total campaign budget; (b) input from evaluators; and (c) anticipated uses of the report.
- Consider that at least one-third of your total project budget will be absorbed by personnel costs for program management, coordination, and monitoring.

## Suggestions: Phase Five (Evaluation)

- Social marketing is evidence based. Evaluation provides the evidence social marketers need to answer the following questions. Are we reaching the right people with the right message at the right time? Is our campaign producing the desired behavior? Evidence can be gathered through



direct observation, logging anecdotal feedback, qualitative studies, epidemiological data, or surveys and full-fledged experimental studies. It is challenging but important to devise ways of connecting exposure to the campaign with resulting behavior change. (See the case studies for examples.)

- Plan evaluation at the same time you plan your campaign. This will allow you to capture before-and-after comparisons, establish measurable objectives, and set up monitoring systems before the program launches. In most cases, evaluators provide the reports but your strategy team extracts their meaning in terms of future decisions. Use CDCynergy or another planning tool to prepare for evaluation.
- When you can, it is helpful to engage volunteers (receptionists and intake personnel, outreach workers or hotline staff, target audience members, businesses) to help gather data. This requires motivation, preparation, training, and the ongoing support of volunteers. Use your marketing expertise to make it worth their while to help you obtain quality data.

## The Social Marketing Budget

Social marketers have found that while the *categories* of expenses involved in planning and implementing a multi-year campaign are common to most campaigns, the *levels of spending* within categories can vary widely from one campaign to another. Among the most frequently asked questions are: how much should we allocate for evaluation? How much should we allocate for research? How much should we spend on advertising? What is a reasonable amount to spend on human resources?

There are no simple answers to these questions. Budget allocations and actual spending depend on these factors:

- How much original research is required. The greatest research expenses occur at campaign outset, while some expenses are incurred later for program adaptations. Expenses associated with research may include professional fees for focus groups, interviews, surveys, and IRBs, incentives for research participants, data analysis and other reports, etc. Research costs will vary depending on whether you are early, or late, in your campaign's planning and implementation cycle. Because research flows into monitoring and evaluation, some LHJs combine research and evaluation into a single line item in their budgets.
- Whether materials from pre-existing campaigns can be "repurposed" for use in a new campaign. Once your project has identified target audiences and behavioral objectives, you may consider using materials developed in other social marketing campaigns with similar goals. This may or may not be a cost-saving choice, depending on availability, copyrights and use permissions, and the extent of adaptation needed for the new audience and objectives.



## Suggestions from Experienced Social Marketers

Attractive as this option may seem, you should pre-test materials for audience reaction before committing to use in your program.

- Which types of promotions will be used, such as public relations (earned media), community outreach, advertising, direct or online marketing, etc. There is no universal formula for which promotional tactics are “cheaper” than others. Your media choices will be made by weighing different media’s availability, appropriateness, and expected results (return-on-investment). LHJs in this report used different combinations of billboards, publicity, cable television advertising, printed materials, Web sites, and newspaper advertising, among other media. A campaign relying heavily on advertising will see a quite different allocation of expenses (production and airtime or space costs) than a campaign relying heavily on labor-intensive publicity and community relations. Television or billboard advertising was not an option in the geographies of some LHJs; in others these media were the most prominent.
- How much of the implementation will be managed by staff or outside contractors. LHJs discussed in this document varied widely in their choices of who handled the social marketing campaigns’ management. Usually, social marketers base this choice on which organization offers the greater resources, at least cost, for campaign management. Depending on what your program elects, these expenses can weigh your budget toward staff and overhead, or toward outside contractors.
- What type of monitoring and evaluation is required. While the greatest evaluation expenses usually occur at the end of the campaign, some expenses are incurred earlier for monitoring or research to guide in-process adaptations. Expenses associated with evaluation may include professional fees, data analysis, report preparation, and distribution, etc. Evaluation costs will vary depending on whether you are in the middle or late in your campaign’s implementation cycle.

Experiences of the four LHJs described in this document illustrate that there is no simple apples-to-apples comparison between campaigns. As you read on, you will see how each LHJ organized its social marketing campaign with the various elements chosen as discussed above. For more information about the costs of individual program elements, you may contact the LHJs directly.

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### DO IT!

Employ a graphic artist if you can. FHCSA's full-time in-house graphic artist worked on several projects including the HIV prevention campaign. This reduced graphic design fees considerably and expedited changes to graphics as they were needed.

- Staff from the County of San Diego, HIV, STD, and Hepatitis Branch of Public Health Services;
- Target audience members;
- Community representatives;
- Staff from other nonprofits serving the gay community; and
- Staff from San Diego Association of Governments, outside evaluator, to assist with formative research, message pre-testing, and evaluation.

## Contacts

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**Lori Jones**, Community Health Program Specialist, County of San Diego, Health and Human Services Agency, HIV, STD, and Hepatitis Branch of Public Health Services, [lori.jones@sdcounty.ca.gov](mailto:lori.jones@sdcounty.ca.gov), (619) 293-4755.

**Victoriano Diaz**, Programs Manager – Marketing Services, FHCSA at [Victorianod@fhcsd.org](mailto:Victorianod@fhcsd.org) and (619) 515-2589.

## Description

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The *Clear The Air* campaign launched in July 2005 with a set of integrated prevention activities including a Web site, television commercial, print media, poster placement, and outdoor advertising as well as online pop-ups on popular gay Web sites. Each of the activities articulated prevention messages and called the viewer's attention to the Web site for detailed information. [Gaymenshealth.org](http://Gaymenshealth.org) offered health information on HIV/AIDS, STDs, hepatitis, and alcohol and drugs. Additionally, information and resources were offered on a variety of related topics along with an opportunity to learn about the social marketing campaign. The Web site also collected information through participant surveys.

Geographically, campaign activities were focused in central San Diego neighborhoods where high concentrations of retail businesses, bars, and restaurants cater to the city's gay men.

The team monitored various activities, including tracking the number of ads that appeared, hits to the campaign Web site, calls to the campaign telephone line, and e-mails received through the campaign account, as well as the amount of media attention garnered. Evaluation activities consisted of interviewing key informants from both the target audience and a pool of stakeholders,



and conducting street intercept surveys, Web site surveys, and focus groups to determine the campaign's effectiveness.

## Outcomes Sought

**Long-Term Objective:** To reduce new HIV and STDs among the target audience.

**Intermediate Goals:** Individuals will be empowered to have discussions that would result in reduced risk.

### Short-Term Goals:

- Achieve campaign awareness among 60 percent of the individuals interviewed.
- Gay men and other MSM who see the communications will discuss HIV and STD status with friends and sexual partners in order to achieve informed decisions, community empowerment, and peace of mind.
- Gay men and other MSM who see the communications will monitor their sexual practices in order to achieve peace of mind, healthier choices, and clear decision making.

## DO IT!

Plan way ahead. Synchronizing launch and evaluation activities is challenging.

San Diego charted its timeline a year in advance, adding one-month buffers for key phases, and scheduled frequent

Strategic Planning Team Meetings

during the first year.

## Formative Research

The team collected information from gay-identified Caucasian, acculturated Latino, and African American men ages 25-34. The research included identifying community perceptions on sexual issues and needs for information, education, skills, and services along with meaningful direction for how to effectively implement the campaign.

### Before Implementation

**Literature review and other background research:** Information was gathered from a variety of sources, including the Internet and peer-reviewed journals.

**Review of data:** ELI reports (OA's Web-based system for reporting prevention activities) and local epidemiological data were used.



## WATCH OUT!

Know the rules. Learn what will be acceptable to your review panel, partners, media, and funding sources. Also, learn about your media's internal review processes. Be prepared to defend your ideas, and have a backup plan in case an ad gets rejected. (Sometimes it is easier to clear concepts in advance.)

**Street intercept surveys:** Surveys were conducted to learn more from members of the target audience about reasons for not disclosing and asking about HIV and STD status and reasons for substance use before having sex. Research staff approached adult males and asked them if they would be willing to complete an anonymous survey regarding the health needs of people in San Diego. Surveys were conducted at coffeehouses, restaurants, bars, bathhouses, online, and with individuals who had some type of direct contact with FHCS. In return for their participation, respondents received either a free movie pass or a \$3 coupon for a local coffeehouse. All surveys were

conducted in English and identified media outlets and Web sites preferred by the target audience, among other subjects.

**Focus groups:** The strategy team members found focus groups useful in exploring community norms and perceived costs and benefits of risk reduction. Focus groups were less effective in gathering information from people of color, who preferred the interview format.

**Key informants:** Interviews were conducted with both HIV-positive and HIV-negative gay men, who were recruited through strategy team members, local service providers, and the street-intercept survey process.

### During Implementation

**Message pre-testing:** Prior to production, concepts were presented to strategy team members, community members, health department officials, and audience members.

**Logging:** Inquiries to FHCS as a result of the campaign were recorded.

**Advertising:** The team collected records of dates, frequency, and duration of exposures.

**Monitoring:** An increased understanding of sexual risk associated with alcohol use led to adaptations of the campaign to address this risk.

## Behavioral Objectives

The goals of this social marketing campaign were based on findings from surveys conducted during formative research activities. The team identified two high-risk behaviors. First, gay men were not disclosing their status or asking about the status of their sexual partners. Second, gay men were engaging in high-risk sexual activities, often after using alcohol or drugs.



The goals included:

- Encouraging gay men and HIV-positive gay men to adopt safer sex behaviors by continuing to normalize condoms for anal intercourse;
- Encouraging gay men and HIV-positive gay men to adopt safer sex behaviors by continuing to normalize condoms for anal intercourse; and
- Encouraging gay men to find out what their HIV status is and to disclose that to their sexual partners.

## Fun, Easy, Popular

The strategy team’s recommendation (reinforced by the year-one evaluation) to portray positive depictions of gay men without being highly sexualized, who looked like “real” and ethnically diverse people, was reported as empowering and positive. This feature, and the campaign’s visibility in outdoor, cable television, and multimedia environments, made it more popular.

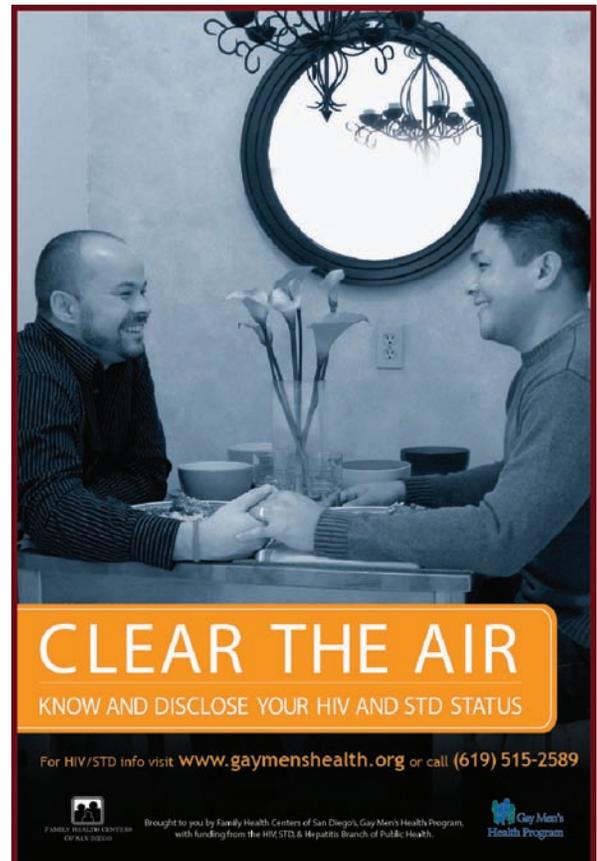
“Fun, easy, popular” was the byword for participation in the strategy team as well. This group was treated like a second target audience, highly recognized for their contributions to the campaign, credited for its success, and welcomed at efficiently run, meaningful meetings scheduled at the most convenient times.

## Product

**Tangible Product:** Audience members were asked to adopt new communication skills for disclosure and negotiation and acquire more information about their health and the health of their sex partners.

**Core Product:** The audience was offered reduced anxiety and a sense of control over one’s life, more trust, stronger relationships with friends, and a circle of support.

**Augmented Product:** Additional benefits were an increase in community and individual pride and support resulting from positive and realistic depictions of gay men in highly visible media.



Year Three



### DO IT!

Optimize your media budget. Once you are acquainted with your ad reps, try asking for free exposure in addition to the exposure you buy. Inquire about a media sponsorship or discounted inventory. Look for carryover from one month to the next at no charge. Retrieve any posters that have been taken down and re-use them at health fairs or other events.

## Price

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**Cost:** Audience members were asked to face the challenges of learning new skills and the risk of rejection, if positive or negative, when disclosing status.

**Barriers:** The campaign helped individuals overcome feeling awkward or embarrassed learning new negotiation skills or disclosing status, and fear of negative reactions.

**Competition:** Individuals perceived that gay peers did not support them in asking their sexual partners' HIV and STD status.

## Place

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San Diego's finding of where and when the target audience: a) will perform the desired behavior; b) will access program products and services; or c) is thinking about the issue included social environments popular among gay men. These included gay bars and other businesses, or at home on the Internet. San Diego opted for a geographically focused campaign emphasizing neighborhoods (Hillcrest, Bankers Hill, University Heights, and North Park) with a high concentration of the target audience.

## Promotion

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**The Messages:** The *Clear The Air* campaign messages focused on the benefits of disclosure and negotiation, or addressed the association between alcohol consumption and risk behavior (during year two).

The team took an experimental approach to its communications, building on success. For example, a first-year poster about disclosure titled, "*Clear The Air*" became so popular in the community that it was adopted as the subsequent years' main theme. As the campaign continued, its appearance became more standardized and features were added, such as "pull-tabs" on bar posters so the main message remained even after individuals removed the tabs with contact phone numbers or Web sites.

The strategy team planned its use of community spokesmodels carefully. In later years of the campaign, the team used program staff and volunteers as spokesmodels, being better able to



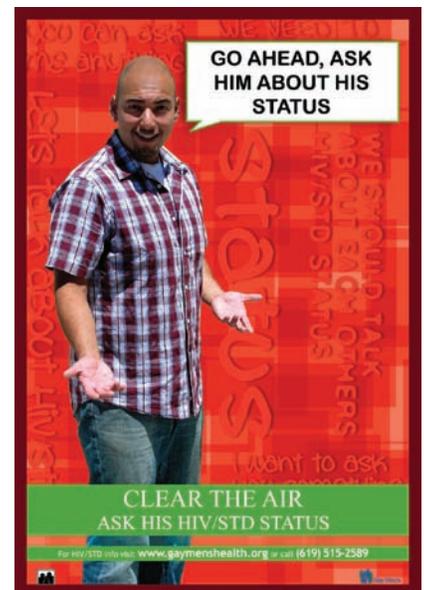
know their backgrounds and monitor their representation of the campaign. Models were trained in HIV and STDs, the history of the campaign, and the organization’s media protocols. The visibility of program staff in the campaign assisted them in outreach activities as they were more likely to be recognized and approached.

**The Materials and Media:**

- Efforts were made to saturate the chosen neighborhoods with messages on billboards and bus shelters at 13 busy intersections and on posters in bars and other locations. The strategy team toured the areas to select specific sites where messages could be presented and planned which messages would work best at each location. Team members later monitored the areas to assure that posters showed as ordered and remained in good condition.
- Publicity focused on gay media and newsgroups; once the campaign launched the team began receiving reporters’ inquiries, resulting in five published articles during the three years of the campaign. The campaign was highlighted on the “Commercial Closet,” a Web site dedicated to examining advertising targeting the gay community ([www.commercialcloset.org](http://www.commercialcloset.org)).
- Billboards in prime locations were arranged six months prior to launch to assure availability. The outdoor campaigns served as a vehicle to get gay men into HIV and STD testing and providing a starting point for discussion of disclosure and negotiation.
- Billboards in high visibility locations occasionally became graffiti targets. Up to five replacement posters were always in reserve for installation, and sites were monitored to make sure posters remained in good condition.
- Six and one-half million impressions of banner ads or pop-ups on gay Web sites resulted in 3,000 click-throughs to the campaign’s Web site in the first year.
- Over three years, the campaign had over 14,877 visits to [www.gaymenshealth.org](http://www.gaymenshealth.org). Additionally, the Web site was utilized by local providers as a quick one-stop shop for information on resources specific to gay men’s health issues in San Diego.

**DO IT!**

Consistency. Maintain a common thread so that target population can recognize that all ads are part of one campaign but maintain variety in the campaign message in order to appeal to a broader audience within the target population.



Year Two



- The campaign purchased 34 print ad insertions in local gay magazines and publications (*Gay and Lesbian Times*, *The Update*, *Buzz* magazine).
- A television ad aired during programming popular with gay audiences. On cable, the ad airings could be zoned for key neighborhoods.

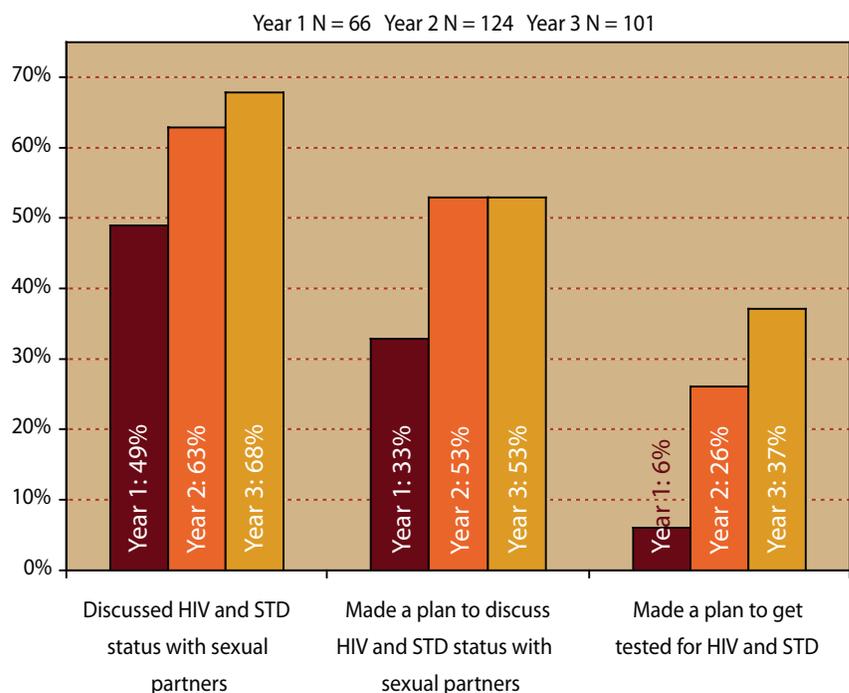
### The Activities:

- The San Diego team laid groundwork for the launch of its promotion phase by presenting campaign materials to outreach workers who told target audience members about the messages and received public feedback on the campaign. San Diego also trained outreach workers to recognize media inquiries and route reporters to designated spokespeople.

## Evaluation

The social marketing campaign demonstrated increased efficacy for behavior change as it progressed through each of the three project years (2004, 2005, and 2006). The campaign showed positive behavior change among the targeted behavioral risk groups. As in year one and year two, street intercept surveys were conducted with the target population. In year three (2006), more than two-thirds of respondents surveyed about the campaign, discussed HIV and STD status with a sexual partner (68 percent). More than two in five did so with friends (44 percent) after seeing the ads. Of those who had not discussed HIV and STD status with anyone, many (54 percent) planned to talk with a sexual partner and one in four (25 percent) with friends. Of those who did not already access HIV and STD testing regularly, 40 percent of survey respondents reported getting tested and 37 percent planned to do so (see table).

**Respondents Who Discussed HIV/STD Status After Seeing Campaign Ads**



Eight percent of survey respondents reported taking some other action after seeing the ads. Those actions included taking other precautions including asking more questions about HIV,



discussing with others how much effect the campaign may have on behavior, and spending time thinking about sexual behavior.

One goal of year three of the campaign included promoting community discussions and community empowerment and support around disclosing HIV and STD status. Nearly all of the respondents (97 percent) thought that the ads were both relevant and important to the local gay community. Overall, nine out of ten (89 percent) of the respondents surveyed about the campaign thought that the local gay community was at least somewhat more accepting of men asking about the HIV and STD status of their sexual partners, and about one-half (53 percent) reported that they discussed the ads after seeing them. Focus group participants reported a belief the ads had a positive impact on the community. Additionally, focus group participants felt that the ads were a good way to make people more comfortable about disclosing, and hoped the ads would eventually have a positive effect on community norms as a whole.

## Epilogue

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### Resources Allocated

After OA funding for social marketing ended in June 2007, the County of San Diego continued to fund social marketing campaigns with \$70,000 directed annually toward high-risk HIV-negatives and \$70,000 directed annually toward high-risk HIV-positives. After competitive solicitation, funding for 2007 through 2010 was awarded to FHCSO. The funds will be utilized to develop social marketing campaigns in three San Diego regions (North, South and Central) and to expand the capacity of all HIV prevention providers in the County of San Diego to develop effective social marketing materials, behavior change campaigns, and community level interventions. Additional funds will be continually sought to augment this funding when available.

FHCSO has since expanded its services by creating a social marketing consulting service (Social Vision Marketing and Design), which includes an internship program. Since social marketing funding from OA ended, Social Vision developed additional campaigns for the county and other nonprofit groups around issues such as: HIV testing in the African American community, HIV prevention with senior MSM, and youth rights. Revenues from this consulting service help offset expenses to continue the HIV prevention social marketing campaign.

### Program Adaptations

Future campaign activities are expected to change based upon the new funding allocation in the different regions of the County of San Diego, yet some components will continue. FHCSO will strategize with providers in each region to create culturally appropriate innovative campaigns that reflect the needs of each target audience in each community.

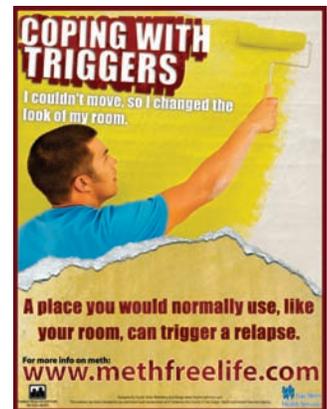
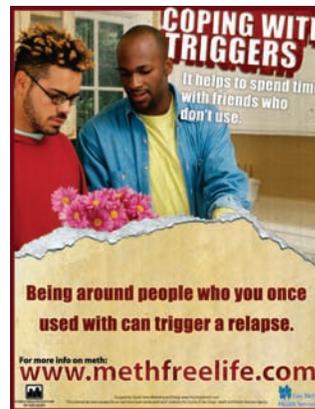
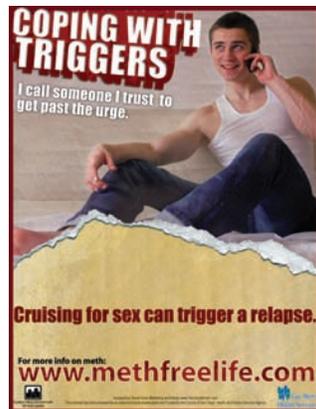
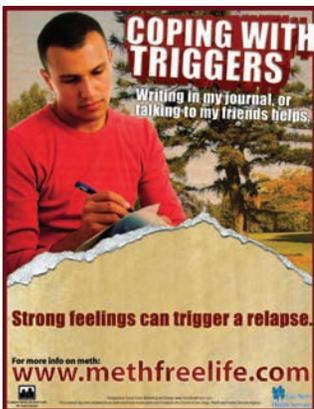


## County of San Diego

Each region will have its own Strategic Planning Team and will focus on target populations established by the team. FHCS D will work with the planning team in each region to complete the CDCynergy model. The marketing plan in each region will change based upon target and resources available.

The North County San Diego campaign, which began on July 1, 2007, focuses on capacity building assistance, creating culturally appropriate activities and materials, and the branding of their program. The capacity building component includes trainings on client recruitment and retention, online outreach, and development of eye catching marketing materials. These trainings support campaign interventions that include development of a North County San Diego Web site, events to be held in local establishments, and the development of new community partnerships. The program will brand itself with a look that will be repeated throughout the campaign providing campaign recognition.

Concurrent with the OA social marketing funding from the County of San Diego, local funds were made available to conduct a social marketing campaign to address methamphetamine. In fiscal year (FY) 2005-06, San Diego adapted the San Francisco campaign *Crystal Mess*; based on an evaluation of the campaign in FY 2006-07, FHCS D developed a San Diego campaign, *Meth Free Life*. Due to the continued concerns of methamphetamine use and the connection with increased sexual and drug-using risk behaviors throughout the County of San Diego, the campaign will continue in each of the regions in conjunction with the regional social marketing campaigns.



The *Meth Free Life* campaign focuses on presenting methods for reducing or eliminating triggers for use of methamphetamine. Five triggers for use of methamphetamine were identified in focus groups conducted with active and newly abstinent methamphetamine users. A strategy to address the trigger is presented along with an image of the positive behavior. An example is "Being around people who you once used with could trigger a relapse...It helps to spend time with friends who don't use." The ad campaign refers individuals to the *Meth Free Life* Web site ([www.methfreelife.com](http://www.methfreelife.com)). The Web site contains ads from previous years and the current ads of the campaign, methamphetamine health information, community resource list, and previous survey results.



## The Future

Evaluation of the social marketing campaigns will be structured based upon the interventions developed by the Strategic Planning Team in each region.

As the evaluation of the initial three years of the social marketing campaign indicated, campaigns become more effective over time. With limited funding, it remains important for communities to be involved in changing social norms through effective community level interventions. The Strategic Planning Team continues to serve this purpose. Behavioral change theories (Cognitive Learning Theory and Theory of Reasoned Action) have demonstrated that creating a shift in community norms supports behavior change and the effectiveness of other individual and group level interventions.

One of the County of San Diego's goals is to explore the feasibility of having a Strategic Planning Team continue in each of its regions to continue their campaigns and expand regional programs' ability to provide effective community level HIV prevention interventions in their communities.

FHCSD and the County of San Diego will continue to seek and develop funding to continue effective social marketing campaigns.

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## Logic Model

**In Order To Help...** HIV-infected MSM, particularly men of color, who reside in the City of Long Beach.

**To...** a) use condoms with HIV-negative or unknown status partners; b) disclose HIV status to partners; and c) get tested.

**We Will Offer These Benefits That The Audience Wants...** Feel confident that they are not responsible for infecting another individual; increased self-respect and self-esteem; engaging in safer behaviors increases one's value in the eyes of one's partner; motivate and support HIV-infected individuals as leaders in HIV prevention; recognition as a leader in HIV prevention; reduce stigma of having HIV by showing individuals as responsible, productive people doing all they can to keep others uninfected; create a strong, supportive, HIV-positive community; improved mental and physical health (e.g., reduce risk of sexually transmitted infections; less depression).



**And Lower These Barriers...** a) rejection from potential partner; and b) decreased pleasure with condom use.

## Strategy Team Participants

- City of Long Beach Health Department staff;
- Better World Advertising staff;
- City of Long Beach's HIV Planning Group representative;
- Individual living with HIV/AIDS; and
- Other key stakeholders who helped develop detailed plans for specific interventions and to implement operational plans. These ad hoc participants included: nonprofits providing health and social services to the gay, Hispanic, or HIV-positive communities; academic institutions with research capacity; care and prevention providers; media organizations; campaign spokesmodels; and city council members.

## DO IT!

Diligent timelines. Long Beach planned and started preparing its October launch in January. With so many details to arrange, leaders established "collegial partnerships" with each other, checking up weekly, to help each other stay on task and on time.



### DO IT!

Adapt the tools in CDCynergy to local needs and unique circumstances. For example, community planning and engagement is a dynamic process. When using CDCynergy for planning, if the planning activities or outcomes do not match the worksheets, skip this step but return to the document later to describe your group process. This will help you understand what is important to your community and achieve a balance between social marketing science and community priorities.

### Contacts

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Cheryl Barrit, Prevention Services Officer, City of Long Beach Health Department, at Cheryl\_barrit@longbeach.gov and (562) 570-7920.

Les Pappas, President/Creative Director, Better World Advertising, info@socialmarketing.com, (415) 979-9775.

### Description

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The City of Long Beach Health Department subcontracted with San Francisco-based Better World Advertising to work closely with the city and community partners to design, implement, and monitor this HIV prevention program. The *HIV Stops with Me* campaign began in Long Beach in 2001 and continued through FY 2006-07. The City of Long Beach campaign was one of the seven communities in the United States involved with *HIV Stops With Me*.

A multipronged prevention promotion, the campaign featured a Web-based educational tool ([www.hivstopswithme.org](http://www.hivstopswithme.org)), local community spokesmodels who appeared in ads and in person, and community-based prevention activities and services, such as promotion of HIV prevention messages through venue-based posters and postcards. The campaign highlighted sex-positive prevention messages with local community “spokesmodels” to offer community support and information to HIV-positive MSM.

### Outcomes Sought

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**Long-Term Objective:** Reduction in new HIV infections among gay and bisexual men.

**Intermediate Goals:**

- Increased use of condoms with partners whose status is different or unknown;
- Increased commitment to safer sex;
- Increase acceptance of responsibility of introducing safer behaviors to partners;



- Change community norms that may sanction unsafe sexual behaviors;
- Increased likelihood individuals will tell someone their HIV status; and
- Increased rate of testing among the target audience.

### Short-Term Goals:

- Target audience is aware of the campaign;
- Target audience correctly identifies campaign; and
- Target audience agrees with the campaign messages.

## Formative Research

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### Before Implementation

The City of Long Beach and advertising agency staff reviewed a wide range of data on the sexual and drug-related risk behaviors of HIV-infected individuals.

The advertising agency had conducted focus groups and key informant *interviews* during original development of the *HIV Stops With Me* campaign in other California communities.

The health department had completed an extensive *needs assessment* of HIV-infected individuals in Long Beach.

From these resources, much was concluded about who is at risk, why they are at risk, and what types of interventions could help reduce their risk of HIV transmission. These conclusions led to the decision to launch the *HIV Stops With Me* campaign in Long Beach, beginning with local replication of earlier formative research.

The advertising agency conducted local *focus groups* and key informant *interviews* with the aims of: a) clarifying the geographical and psychosocial character of the local target audience members; b) identifying **channels** of communication to best reach them; c) suggesting methods for evaluation and program monitoring; and d) guiding development of campaign messages.

An additional benefit of the research was that it generated support in the HIV prevention community by exposing members to the planned campaign.



The findings pointed the team in the direction of addressing the needs of HIV-positive MSM for community support and positive prevention messages.

### During Implementation

Continuing research informed updated prevention messages, revealing more about where audience members could be reached, which communication channels they preferred, their most significant benefits and barriers, perceptions of social norms, and other characteristics.

## DO IT!

Soul searching. Social marketing attracts attention — as it should. Marketers juggle good public health practice, audience wants, and community values. Let evidence guide your team’s deeper discussions about ethics, integrity, and local values, and you will be better prepared for questions from hard-liners should they arise.

### Fun, Easy, Popular

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Long Beach made a deliberate decision to implement a campaign that took a positive tone and felt good. It presented HIV-positive individuals as role models who demonstrate personal responsibility, modeling that individuals with HIV can disclose their status and practice safer sex.

### Community Engagement

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Strategy and planning groups: Members of the strategy team and other key individuals participated in a day-long retreat to review all campaign plans to ensure that they were designed to best meet the goals of the program.

**Campaign sponsors:** Supportive business people in Long Beach became “hosts” for posters in stores and offices, and often contributed raffle prizes for events.

**Providers:** Internal marketing activities helped address “prevention burnout” by treating providers like an additional target audience. “I am the cure and so are you,” was Long Beach’s campaign to help providers, such as spokesmodels and caregivers, stay motivated to participate in *HIV Stops With Me*. It reminded stakeholders that all of us are affected and all of us are part of the solution.

**Campaign spokesmodels:** Long Beach used two approaches to spokesmodels. “Formal” spokesmodels were interviewed and selected, and made a one-year commitment to campaign appearances and participation in exchange for a small honorarium. Informal spokesmodels were volunteers (usually recruited at events) who agreed to disclose their status, help disseminate messages and materials, and support the campaign. The spokesmodels were also instrumental in conceiving and planning the campaign and its messages.



## Product

**Tangible Product:** Audience members were asked to reduce their risk of HIV transmission to their sexual partners through increased disclosure and condom use, and knowledge of HIV status.

**Core Product:** The audience was offered increased confidence resulting from not being responsible for infecting another individual; increased self-respect and self-esteem; reduced risk of sexually transmitted infections, etc.

**Augmented Product:** Additional benefits included participating (as a volunteer or spokesmodel), which brought recognition as a leader in HIV prevention, helping create a strong and supportive HIV-positive community, and reducing stigma.

## Price

**Costs:** Audience members were asked to face possible rejection by sex partners, perceived loss of spontaneity with safer sex, and to address responsibility.

**Barriers:** The campaign helped individuals overcome their discomfort when bringing up safer sex subjects, or their fear of rejection by sex partners.

**Competition:** Opposing forces included social networks that support risk behavior, and individuals who felt the campaign “blames” HIV-positive individuals by stressing their responsibility for reducing infections.

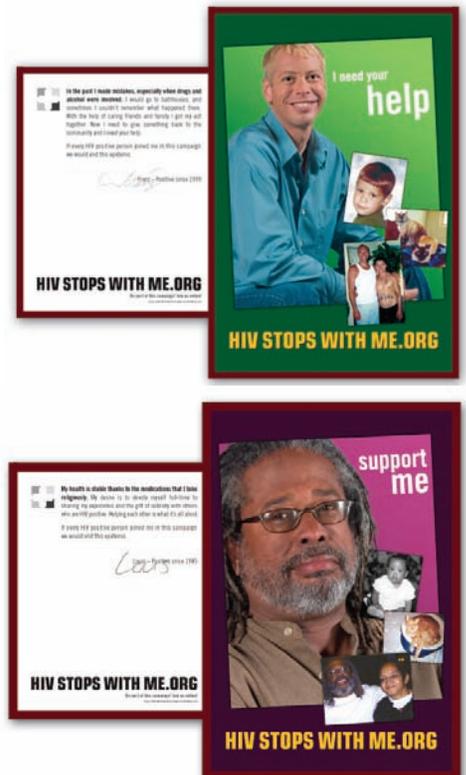
**Place:** Long Beach determined that situations where the target audience: a) will perform the desired behavior; b) will access program products/services; or c) is thinking about the issue included on the Internet or in gay bars, coffeehouses, and other sites frequented by at-risk populations.

## WATCH OUT!

Burnout happens. Your planning team or advisory groups will get bored with the campaign long before community saturation. Resist the urge to change for the sake of change.

## DO IT!

Branding. Consistency, reach, and frequency of a message that is unique to your campaign will pay off in audience awareness and recall.



## DO IT!

Pre-test, pilot test. Messages the team believes are crystal-clear can have very different interpretations by the public.

Pre-testing revealed when *HIV Stops With Me* messages were misunderstood or off-target. The team learned to include outspoken critics in campaign pre-testing, and prepare to respond to their input.

## Promotion

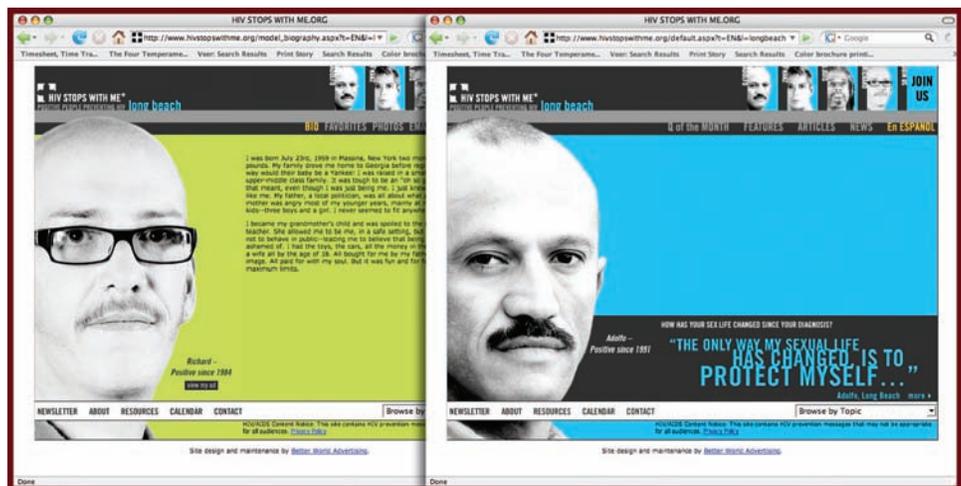
**The Messages:** All *HIV Stops With Me* campaign elements reflected the same graphic approach and a positive, intimate tone, emphasizing personal responsibility.

**The Materials and Media:** This Web site featured local sections for several cities and received 22,000 visitors per month to the entire site (about 10 percent to the local pages). It included personal stories by local spokesmodels, monthly newsletters, resource materials, links to services, and the chance to communicate with spokesmodels themselves, or to provide campaign feedback by participating in surveys. The interactive nature of the Web site was important in two ways. First, interactivity fostered the behavioral exchange that is central to social

marketing philosophy. Second, it facilitated the public feedback that helped organizers update the campaign as needed. People could e-mail the spokesmodels directly to share their concerns and fears, contribute opinions through monthly polls, or view spokesmodels' comments on a topic of the month.

**Billboards:** Billboards and 400 venue-based posters were displayed (in gay bars, coffeehouses, HIV clinics, and convenience stores).

Twenty thousand postcards reached the audience members with prevention messages and directed them to the website for more information.



Print advertising appeared quarterly, or during the launch of a new phase, in local gay media such as *Blade* and *Frontiers*.

A 60-second television commercial featuring personal testimonies from local spokesmodels about their commitment to HIV prevention aired for nine weeks on local cable and gay-friendly national cable channels.



Businesses, nonprofit organizations, or clinics often became poster hosts or **sponsors**, with spokesmodels maintaining the posters or handout materials.

**The Activities:** The campaign was launched with an after-hours reception for city officials, spokesmodels, and stakeholders at the Long Beach Aquarium of the Pacific.

Each year the program participated in the Long Beach Gay Men’s Health Summit, an annual community event celebrating the contributions of gay men in the community. It offers cutting-edge workshops on HIV/STD prevention, social and political mobilization, free HIV/STD testing, mental health, spirituality, communication skills, and other issues of importance to the gay community.

**WATCH OUT !**  
 Sticker shock. If you are not accustomed to purchasing advertising media, you may be alarmed by the costs. But remember, everything (nearly) is negotiable.

**Evaluation**

Data are used to further refine the campaign message to ensure that it is appealing and meaningful for the target audience. Activities included monitoring and processing documentation, plus outcome evaluation in the form of a street-intercept survey, a review of media activities, and Web site traffic. Highlights below are from an evaluation issued by the advertising agency in Spring 2006, based on findings from the campaign between May 2002 and November 2005. Seventy-nine HIV-positive MSM in Long Beach were interviewed and are the “respondents” noted below.

**DO IT !**  
 Keep a log. Dedicate a notebook to a running account of feedback you receive from the public and target audience. Then bring it to your periodic planning meetings to see if it suggests campaign modifications.

**Reach:** Eighty-three percent of respondents who saw the campaign were exposed to campaign messages three or more times.

**Recall:** Ninety-one percent of respondents correctly identified the main messages of the campaign.

**Impact:** Eighty-three percent of the respondents who correctly identified the campaign messages agreed or strongly agreed with the campaign messages. Seventy-seven percent of respondents liked the campaign. Seventy-nine percent of respondents felt positively impacted by the campaign.

**Persuasion:** Respondents felt that the campaign’s commercial was memorable (81 percent), convincing (80 percent), and personally meaningful (73 percent).



**Intent to Change Behavior:** After seeing the ads, respondents reported the following intentions: Sixty-one and one-half percent were more likely to use condoms with HIV-negative partners or partners of unknown status. Sixty-two percent were more likely to disclose their HIV status to their partners before sex. Seventy-six and six-tenths percent were more likely to believe that they have a responsibility to protect their partners.

## WATCH OUT!

Do not try to do too much with too little. Prioritize according to what will have the greatest probable impact for your community.

## Epilogue

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### Resources Allocated

The City of Long Beach assigned \$25,000 of the FY 2007-08 education and prevention (E&P) funding from OA to sustain the Web site and spokesmodels for the *HIV Stops with Me* campaign. This budget was matched in value with pro bono services from the advertising agency.

### Program Adaptations

Local spokesmodels continue to distribute palm cards and posters in the community, as well as contribute articles to the Web site. Modifications to the Web site expanded opportunities for spokesmodels to contribute guest articles, resulting in more content with a local flavor.

Advertising on billboards and print and broadcast media was eliminated due to funding limitations. However, neighboring Los Angeles has continued its *HIV Stops With Me* campaign, augmenting visibility in Long Beach.

The city continues to monitor user sessions at the Web site, distribution of materials, and event attendance by spokesmodels.

### The Future

Social marketing is seen as an important part of Long Beach's HIV prevention intervention portfolio. The city continues to seek private funding for the campaign to complement what can be accommodated within the E&P budget. Because it is recognized by the community, *HIV Stops With Me* is considered a viable, ongoing campaign.

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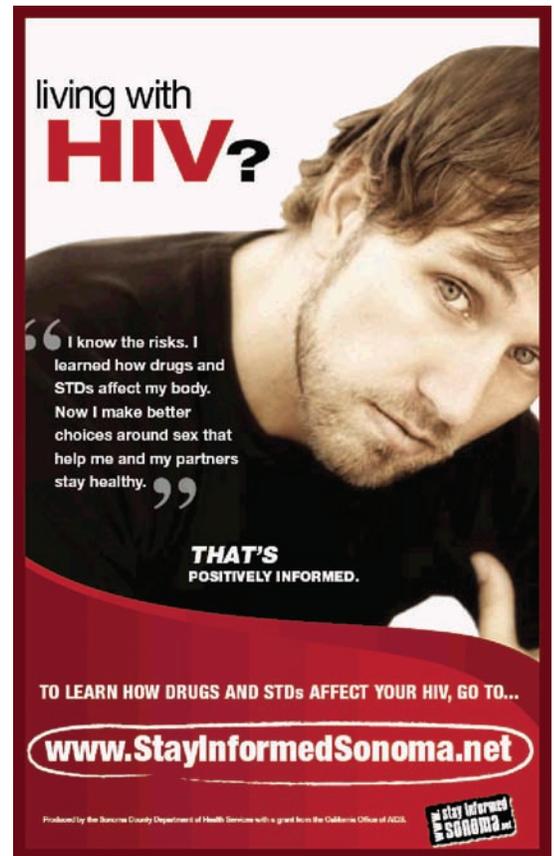
## Logic Model

**In Order To Help...** Gay and bisexual HIV-positive men who have multiple partners.

**To Do This Specific Behavior...** Increase utilization of services (provided by partner organizations) that promote use of harm-reduction skills as a result of exposure to campaign; reduce risk of HIV transmission by increasing the use of safer sex practices among HIV-positive gay and bisexual men including disclosure, negotiation, and condom use as a result of exposure to the campaign.

**We Will Offer These Benefits...** Improved self-image by staying informed and using information to make decisions that benefit their health and the health of their partners. Through this they will better learn to have intimacy needs met, stay more connected with the community, and reduce fears of rejection through negotiation preparedness.

**And Lower These Barriers...** Use of alcohol and/or drugs that is linked with sexual risk, having a “vacation” mentality (associated with ease of finding sex at local gay resort area), hooking up with sex partners on the Internet, and anonymous sexual encounters.



## Strategy Team Participants

Social marketing strategy team members included:

- Sonoma County DHS Prevention and Planning staff;
- A representative from the Sonoma County DHS' Center for HIV Prevention and Care;
- Community-based service providers: Face to Face and the Drug Abuse Alternatives Center;
- Target population representatives;

### DO IT!

Screen contractors for experience with social marketing, understanding social marketing protocols, prior performance in similar projects, and work quality.



- Susan Starbird, social marketing consultant;
- Dennis Rose and Associates, evaluators; and
- Uptown Studios, graphic design and Web development firm.

### Contacts

Health Information Specialist **Anthony Taylor** at County of Sonoma, Department of Health Services Prevention and Planning Division, (707) 565-6635 or [ataylor1@sonoma-county.org](mailto:ataylor1@sonoma-county.org).

**Susan Starbird**, Social Marketing Consultant, (707) 778-7277 or [susan@starbirdcreative.com](mailto:susan@starbirdcreative.com).

## DO IT!

Campaign longevity. Plan for campaign sustainability beyond the funding period. This may include seeking alternate funding or working with other agencies or organizations to take over key socialmarketing elements.

### Description

The strategy team identified a need to reach HIV-positive gay and bisexual men who have multiple partners and may use alcohol or other drugs. (Injection drug users in the county are addressed by another program.) Research by the strategy team in the form of interviews and surveys with local HIV-positive MSM suggested that as individuals engaged with care, their risks of transmitting HIV to others decreased. This was confirmed in the literature review.



The county's *Living With HIV?* campaign featured integrated prevention activities ranging from “product development” (e.g., increasing local agencies’ capacity for serving HIV-positive gay or bisexual men) to promotions (e.g., print media, a Web site, poster placement, Web banner placement, and promotional item distribution). Each of these activities articulated behavior-change messages and/or directed the audience to local community services or the campaign Web site. The Web site, *StayInformedSonoma.net*, and its companion, *MethSupport.net*, offered health information specific to the needs of HIV-positive gay and bisexual men. This included HIV/AIDS information

for the newly diagnosed, the impact of STDs on HIV, the impact of alcohol or other drugs on HIV, and an innovative, interactive risk assessment component. In addition, the Web sites provided information and resources on basic needs, medical care, healthy living, disclosure, and negotiating sex.



## Outcomes Sought

**Long-term objective:** Reduction in new HIV infections among the County of Sonoma’s MSM.

**Intermediate goals:** Transmission risk reduction as a result of increased self-empowerment, better health, less substance use among HIV-positive gay and bisexual men.

**Short-term goals:**

- Increase utilization of services provided by partnering **CBOs** that promote the use of harm reduction skills as a result of exposure to campaign;
- Reduce risk of HIV transmission by increasing the use of safer sex practices among HIV-positive gay and bisexual men, including disclosure, negotiation, and condom use as a result of exposure to the campaign; and
- Providers, peer advocates, and outreach workers will promote risk reduction.

### WATCH OUT!

Do not oversurvey a small audience. Organize your formative research and evaluation strategies in advance to limit the number of times you ask for research volunteers. They will appreciate your professionalism, feel more special when approached, and be more inclined to help.

### DO IT!

Experimental approach to segmentation. There is always more to learn about your audience. But at some point you must make your best bet, and validate your decisions later through pre-testing, pilot-testing, and adapting your campaign to community feedback.

## Formative Research

**Before implementation:** Literature review and other background research, review of epidemiological data, audience surveys or interviews, and provider focus groups or interviews.

**During implementation:** Individual interviews, audience and provider focus groups, street intercept interviews, online surveys, and individual audience member telephone or in-person interviews (when members would/could not attend focus groups).

## Audience Segmentation

Members of the target audience met this definition: HIV-positive gay and bisexual men who have multiple partners and may or may not use substances.



Members of the County of Sonoma's target audience were typically characterized by this description:

- Aged 30 to 60, average age 48;
- More than 70 percent Caucasian;
- Educated;
- Individuals living with HIV for several years;
- Engage in risky behavior when on vacation, hooking up on the Internet, and/or using alcohol or other drugs (crystal meth in particular was associated with highest risk);
- May or may not have a consistent primary health care program;
- Have sexual encounters outside a long-term monogamous relationship; and
- Never, rarely, or occasionally disclose HIV status to sex partners outside a monogamous relationship.

### DO IT!

Everyone is an audience. When you approach the business or greater community for assistance with your campaign, demonstrate why it is valuable to THEM! They are another target market. Sonoma County said, "We want your help because . . . meth is a big issue in our town and it's beneficial to you to be involved. The community as a whole will thank you for your support."

## The Behavioral Exchange

In exchange for: a) improved health; b) improved social life; and c) improved safety net or other support structures, HIV-positive MSM will: 1) adopt risk-reduction practices with partners outside monogamous relationships; 2) increase their skills in negotiation for safer sex, including but not limited to status disclosure; 3) utilize services that help them learn and practice risk-reduction methods; or 4) increase their understanding of known risk-reduction techniques. In order to realize these benefits, they were routed to the *StayInformedSonoma.net* Web site that offered an interactive risk-assessment survey and directed users to partnering nonprofit(s) offering education, social and clinical services, employment and housing services, and medical care.

## Community Engagement

**Community "asset map:"** One of the team's first planning steps was to "map" providers of services for HIV-positive MSM and establish connections with these nonprofits and public agencies.



**Audience research:** Team members literally went to the streets to recruit target audience representatives for focus groups, interviews, and surveys.

Building rapport and trust with members of the target audience was critical to the campaign’s outreach, in particular to HIV-positive MSM who use crystal methamphetamine. This group was particularly resistant to attending meetings or focus groups, but assisted in campaign development through face-to-face and confidential telephone interviews.

**Provider networking:** Through “cross-pollination” with nonprofits serving people living with HIV and/or the gay community, team members made presentations, built an e-mail list, and took to numerous provider meetings a “road show” promoting the Web site.



## DO IT!

Become an audience “insider.” Do not overlook the juicy details picked up in formative research or casual encounters with audience members. You can apply this insight to improve your campaign’s overall directions as well as its creative development. Hint: build audience trust by getting audience members’ help with focus groups, surveys, and other activities.

## Product

**Tangible product:** Audience members were asked to utilize services that reduce risk behavior and increase safer sex practices (which may include decreasing use of methamphetamines, increasing disclosure and negotiation, increasing condom use, or other risk-reduction activities).

Because the *Living With HIV?* campaign directs HIV-positive men into services, it was essential that CBOs had the capacity to serve this population before the campaign launched. Two trainings were developed and delivered to staff from CBOs and county programs.

**Core product:** The audience was offered improved health, self-esteem, and intimacy with sexual partners, and a sense of community support.

**Augmented product:** Additional benefits included use of the Web sites (*StayInformedSonoma.net* and *MethSupport.net*) and the online interactive risk assessment survey, free rally towels, boxer shorts, pillow mints, condoms, water bottles, and other advertising specialties that were distributed by outreach workers at gay events and group meetings.



### Price

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**Cost:** Audience members were asked to face giving up the perceived pleasures of high-risk behavior or relationships dependent on high-risk behavior.

**Barriers:** The campaign helped individuals overcome denial of health problems or mistrust of health providers.

**Competition:** Social networks that support high-risk behavior were the primary competition. Also, anonymous sex encounters arranged through the Internet and during vacation periods at the gay resort area.

### Place

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Where and when the County of Sonoma's target audience: a) will perform the desired behavior; b) will access program products/services; or c) is thinking about the issue was defined as locations where men are contemplating sex or thinking about high-risk behavior. This included Internet chat rooms and other online sites for connecting with sex partners; bars and night clubs popular among gay men; outdoor anonymous sex sites; and resort events catering to gay and bisexual men. Working closely with CBOs, the campaign also attempted to increase the frequency of safer sex discussions between HIV-positive MSM and case managers or outreach workers (in clinical and street settings), and to include campaign messages in support group and social settings sponsored by CBOs.

### DO IT!

Line up your distribution and media channels before you begin production on brochures, specialties, or advertising. For example, you do not want to order cartons of pillow mints if you have not secured hotels' support for placing them on guest pillows...

### Promotion

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The following section describes activities in the campaign's first launch year. The final phase of the campaign featured many of these tactics in an advertising "blitz" in a resort area, including posters, banners, street signage, and other materials.

**The Messages:** *Living with HIV?* was the ultimate theme adopted for the County of Sonoma's communications campaign. Each ad or poster communicated the benefits of getting into services, reducing risk, or obtaining more information from the Web site.



The team used the following methods to distribute *Living with HIV?* messages and to promote *StayInformedSonoma.net*:

**The Materials and Media:** The following activities comprised the first phase of the campaign:

## DO IT!

Maintaining ongoing, proactive communication with production and provider contractors is essential to the campaign. Addressing administrative concerns when they arise can reduce delays among production contractors and improve development and evaluation strategies among provider contractors.

**Print advertising:** Thirty-two *Living With HIV?* print ads ran in over 11 publications, reaching over 142,000 people per month.

**StayInformedSonoma.net Web site:** 3,500 visits to the Web site in the first 51 days.

Online **banner ads** for *StayInformedSonoma.net* on local areas of *Gay.com* and *ManHunt.net* solicited over two million views and 1,200 click-throughs.

Venue-based posters augmented the print and Web advertising with 78 *Living With HIV?* posters, 400 Positively Sexy brochures, and POP media being distributed to over 34 locations frequented by the target population throughout the County of Sonoma.

The **provider road show** reached 161 HIV and alcohol or other drug prevention providers in the county, soliciting their participation in the promotion of the campaign messages and Web site among the target population.

**Press releases** resulted in coverage in print media and three radio interviews.

**The Activities:** A campaign launch **reception** to promote the campaign and mobilize the community to contribute to its success drew 32 attendees, including 23 HIV-positive men and two doctors.

The following **specialty advertising materials** were distributed to gay audiences through an AIDS food bank and at festivals, movie screenings, and other large and small social events presented by CBOs:



- 15,900 cocktail napkins;
- 993 mirror clings;
- event banners;
- 457 bottles of water with imprinted labels;
- 4,230 pillow mints;
- 901 logo stickers;
- 335 pads of Post-its;



- 480 rally towels with campaign logo;
- 300 imprinted boxer shorts;
- 100 fanny packs
- 250 imprinted water bottles; and

## Evaluation

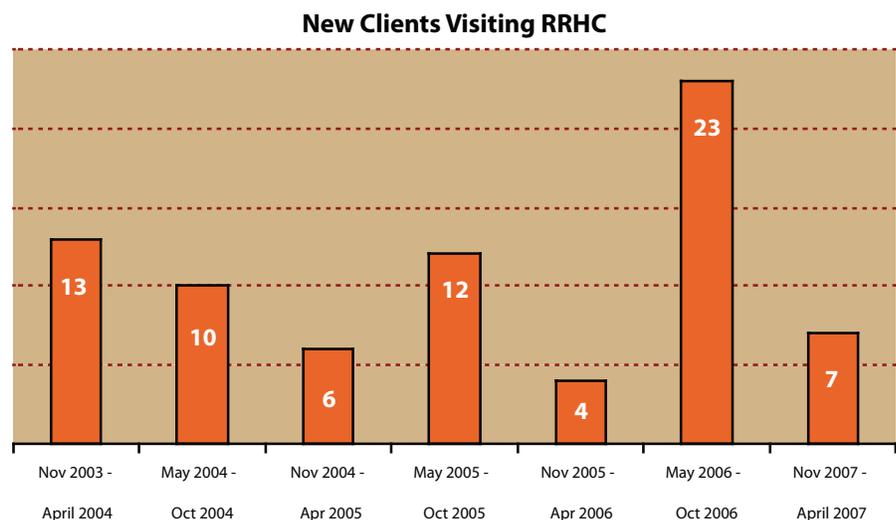
Evaluation of the first phase was based on: 1) did the target audience see the message?; and 2) did their behavior change as a result of the message?

Increased utilization of first-time services by HIV-positive individuals at one or more of the five partnering CBOs proved difficult to measure for the following reasons:

- **Internal Policies:** One of the larger CBOs (a drug treatment provider) did not collect HIV status data from new clients due to its privacy policy. This meant that evaluators could not correlate new clients with their HIV status or sexual orientation, so this data could not demonstrate that the target audience saw and acted on the message.
- **Adherence to Data Collection Standards:** Collection of data relied on numerous staff at each site adhering to the collection guidelines. Time constraints, workload, and concerns about asking clients to fill out more paperwork led many to forget or choose not to ask clients to complete the questionnaire.
- **Training and Follow-up:** Time constraints and workload of CBO management resulted in delayed or missed staff training and regular data collection follow ups.

One CBO, the Russian River Health Center (RRHC), was able to collect data from 56 percent of new MSM clients (n=13) during six-month campaign period (May-October 2006). The health center also saw a 250 percent increase (n=23) in the number of new HIV-positive MSM seeking services during the same period. This compares to the mean number of new MSMs seeking services (n=9) during the previous five six-month periods.

A small-sample survey of MSM visiting the clinic was conducted in April 2007.



While numbers of new HIV-positive MSM clients visiting RRHC spiked during the promotions, patient surveys could not identify a causal connection.

It must be noted, however, that anecdotal data gathered during the development phase of the campaign showed that the Russian River area has a high concentration of HIV-positive MSM living and visiting the area compared to other areas of the county. In turn, the campaign's advertising and outreach were heavily focused in this geographic area. The fact that an unusually large increase in utilization of west county services by the target population coincided exactly with the campaign run, strongly suggests that the campaign might have some level of impact resulting in MSM seeking services for the first time, even though this was not verified through the evaluation process.

Other results were more helpful. Data presented from the *Living With HIV?* behavior-change survey distributed a month after the launch event showed 44 percent of the HIV-positive men who completed the survey reported making changes in some key behaviors to reduce sexual risk as a result of visiting the campaign Web site.

Efforts to promote the *StayInformedSonoma.net* Web site through a wide array of promotional activities (including print and Web advertising, place-based media, media coverage, promotional item distribution, and provider presentations) resulted in the dissemination of campaign messages to a large and diverse audience throughout the County of Sonoma. The evaluators found a likely relationship between this ongoing advertising and increased Web site traffic, leading the team to continue its strategy of repeated advertising in multiple media outlets over extended periods of time as a means of exposing the target audience to a campaign message and motivating individuals to act.

## Epilogue

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### Resources Allocated

The County of Sonoma dedicated approximately \$5,000 of its OA E&P 2007-08 funding to Web site maintenance. A new "product," Re-connect (described below), receives \$10,000 from E&P funding, and is matched by funding from HIV care programs. The county also has applied for a federal grant to expand, sustain, and refine Re-connect.

## WATCH OUT!

When using CBOs to gather evaluation data, engage them in the evaluation design to make sure their protocols will supply the information you need. Train and maintain relationships with data-gatherers just as you would with volunteers, to make sure they supply you with consistent and quality information.



The Strategic Design Team that planned the social marketing campaign was disbanded, but Re-connect is overseen by a committee of the all-volunteer Commission on AIDS, and run by three public health staff people from both the prevention and clinical care disciplines. Advertising was eliminated, but prevention staff supervise Web site maintenance and assure that palm cards are distributed through clinics and outreach workers for the county and partnering nonprofit CBOs.

### Program Adaptations

The two Web sites, *StayInformedSonoma.net* and *MethSupport.net*, have continued. In response to community interest, *StayInformedSonoma.net* was expanded to address all HIV-positive individuals in the county. While the majority of the County of Sonoma residents living with HIV are gay Caucasian men, other important groups include injection drug users of all orientations and genders, and an emerging population of young Latinos.

*StayInformedSonoma.net* has proved popular among case managers, as it is an up-to-date, comprehensive guide to local services and resources for HIV-positive individuals, making a printed resource directory no longer necessary.

Ongoing program monitoring focuses on traffic to the Web sites, which may be generated primarily by case managers and other care providers.

The social marketing campaign original and continuing objectives included motivating individuals to obtain care or services. To make this easier, the County of Sonoma piloted its Re-connect program during the latter years of the campaign. This service combines self-advocacy and independent living skills with connections to education and job placement. Re-connect is promoted through community spokespeople, as is Positively Speaking, a complementary education program targeting individuals of negative or unknown status.

### The Future

The campaign made social marketing more visible to the County of Sonoma's public health planners. In particular, it has come to be seen as a reliable tool for increasing individual's receptiveness to complementary interventions, and for reaching closeted or isolated populations.

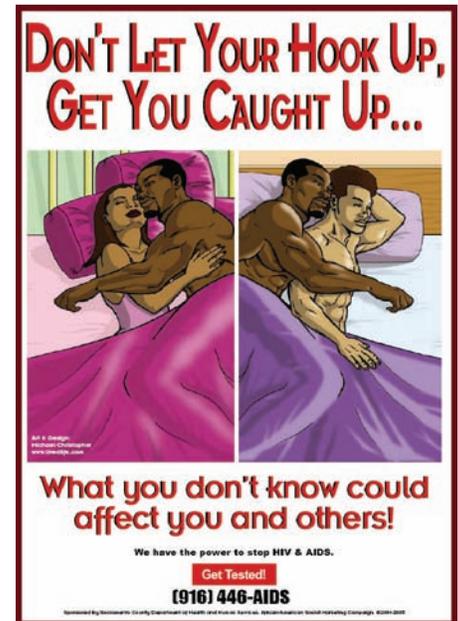
The county is currently updating its ten-year HIV Prevention Plan, and will likely include social marketing elements among its priority interventions for targeted populations, such as at-risk Latinos and high-risk individuals of unknown status.

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## COUNTY OF SACRAMENTO

Research conducted in the early stages of the County of Sacramento's HIV Prevention High-Risk Behavior Change (Social Marketing) Campaign brought to light studies indicating that African American men are less likely to report having sex with men as a behavioral risk factor for AIDS, that as many as 90 percent of African American MSM who test positive for HIV were unaware of their infection status, and that uninfected African American MSM were more likely to perceive themselves at low risk for HIV infection and not to have tested previously because of this perception. Furthermore, a significant number of African American MSM identify as heterosexual and a majority do not know their status, therefore their female partners may also be at risk. Women are not always aware of their partner's sexual histories, and are not always able to insist on safer sexual practices. Testing and safer sex practices are therefore important for both heterosexual women and MSM.



Due to these factors, efforts developed in Sacramento addressed not only gay-identified African American MSM but also non-gay-identified MSM and women partners.

The campaign launched with tactics addressing women, and evolved to include men in the latter years. The men's campaign is described in the next pages, followed by an overview of the women's campaign.

### Logic Model

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**In Order To Help...** Sexually active African American MSM (gay and non-gay identified), ages 18–29, living in high-risk geographic neighborhoods in the County of Sacramento.

**To Do This Specific Behavior...** Men will reduce their risk for HIV infection by using a condom during every sex act; communicating sexual risk and history, negotiating with sexual partners; and getting tested for HIV.

**We Will Offer These Benefits...** Not contracting or transmitting HIV or STDs; peace of mind; feeling empowered; better communication with sexual partners; and becoming a role model to others.

**And Lower These Barriers...** May have to disclose status to partner; may have to disclose "secret" partners to primary partners; psychological/mental readiness for testing results; being seen getting a HIV test; limiting sexual freedom and choice of partners; and must carry and use condoms.



### Strategy Team Participants

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Social marketing strategy team members included:

- The County of Sacramento Department of Health and Human Services staff;
- Golden Rule Services, a nonprofit organization serving people of color;
- Michael-Christopher, an illustrator and graphic designer known for his culturally and linguistically appropriate portrayals of African Americans;
- Uptown Studios, a creative communications firm with experience in social marketing;
- Tami Travis, a contract media coordinator retained by the County of Sacramento's Health Education Unit Programs to assist with media strategies and purchases; and
- Advisory groups of audience members and service providers, as needed.

### DO IT!

Collaborative spirit. Professional associations built on mutual appreciation of each other's expertise fuels the creative process necessary to social marketing. Look for contractors and partners who can handle the demands of the work; have experience in the participatory culture of social marketing; and have special expertise with your target audience and its language, values, and aesthetics.

### Contacts

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The County of Sacramento, Department of Health and Human Services, Communicable Disease Prevention Program: **Staci Syas**, AIDS Director, [syass@saccounty.net](mailto:syass@saccounty.net) and (916) 875-6012.

### Description

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Studies of African American MSM revealed the following:

- A significant number identify themselves as heterosexual, in part because of stigma attached to acknowledging homosexual and bisexual activity;
- Additionally, African American MSM may be more likely to identify with their racial/ethnic minority community than with the gay community (that is relatively well-informed about HIV risk and how to reduce it);
- Many African American MSM perceived themselves to be at low risk; and



- As many as 90 percent of HIV-infected individuals were unaware of their positive status, thereby unknowingly transmitting the disease.

The strategy team’s formative research concluded that Sacramento’s campaign should provide accurate information, community support services, and community awareness to promote safer sex behaviors and increase HIV testing among this population.

The County of Sacramento launched the African American Men’s Campaign in June 2005 with an integrated set of activities, including E&P programs that focused on risk reduction and testing; print, broadcast, and Internet promotion; education; publicity; and condom distribution networks. This campaign built on the team’s experience with the African American Women’s Campaign that started three years earlier.

## Outcomes Sought

### Long-term objectives

- Strengthening of relationships through open communication between partners;
- Partners’ testing;
- Commitment to use condoms correctly and consistently; and
- Decreased stigma preventing individuals from learning their status and reducing risk of transmission.

### Intermediate goals

- Changes in community norms regarding HIV risk behaviors;
- Individual level behavior change; and
- An increase in HIV testing.

## DO IT!

Ask elementary questions. You can be surprised by how much your target audience does or does not know about your subject. Start with few assumptions, and be prepared to shift tactics to meet your audience members where they are. Sacramento went “back to basics” to help people who were traditionally underserved, isolated from traditional communications, and were not yet aware of their risk.



### Short-term goals

- Encourage the use of condoms correctly and consistently;
- Disclosure and negotiation with sexual partners; and
- Get tested for HIV and/or encourage partner(s) to get tested.

## Formative Research

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### Before implementation

Formative research established baseline attitudes, sought effective messages, identified benefits and barriers to the new behavior, and listed effective communications channels. It included:

- A review of the county's **epidemiological profile**;
- Reviews of published, peer-reviewed **literature** about interventions specific to this population;

## WATCH OUT!

Narrow your audience. All social marketers have to make tough choices about which groups to include or exclude in their audience definitions. Sacramento planners narrowed, and narrowed, and narrowed their focus until they arrived at segments it could effectively address. Still, the diversity of this group presented planning, program, and budget challenges.

- **Surveys** (see below);
- **Focus groups** for men explored different topics among gay-identified African American men and non-gay-identified African American men; and
- In-depth individual **interviews** with African American MSM

Formative research focused the team's definition of its primary audience segment as sexually active, African American gay and non-gay-identified MSM, ages 18–29, living in or frequenting high-risk geographic locations of Sacramento.

### During implementation

Surveys were distributed before, during, and after the first phase of the campaign to study perceptions and attitudes; message effectiveness, reach, and visibility; and changes in audience willingness to take an HIV test.

## DO IT!

**Listening.** As a social marketer you need to become an insider to your audience's beliefs and experiences. Even if you are a member of the target audience yourself, professional biases can affect your ability to get inside the minds of the people you want to help.



As promotional elements were developed, they were subjected to **pre-testing** with members of the target audience.

## Fun, Easy, Popular

The campaign offered men fun social and educational events and support networks. These events reinforced prevention messages, providing additional input to the campaign, and satisfied men's desires for expanded social connections.

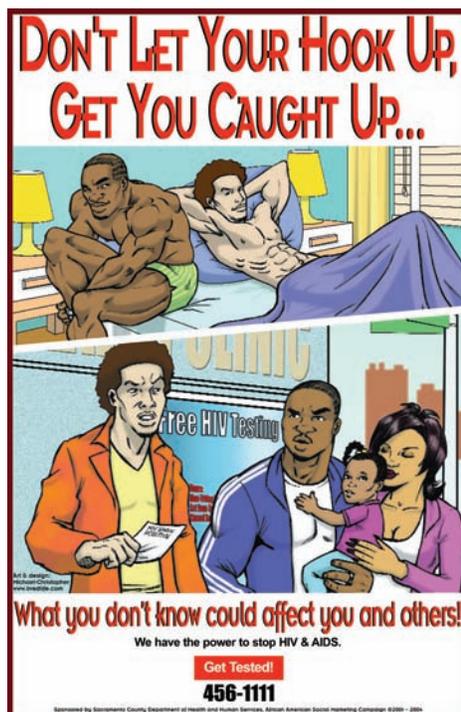
## Community Engagement

The team periodically consulted community representatives, including:

**Service partners:** These included the County of Sacramento HIV Communicable Disease Prevention Program staff; a representative from the anonymous alternative testing site; and a delegate from the Sacramento Alliance for Prevention of AIDS Prevention Planning Task Force and its working group, the African Americans Against AIDS Advisory Body, comprised of individuals representative of, or working closely with, the target audience.

**DO IT!**

Convert controversy to support. Sacramento found that eliciting support of campaign activities from elected officials, the general public, or even audience members themselves, was much easier once they explained how audience representatives helped plan, design, pre-test, and approve campaign messages.



Target audience members were involved in all stages of planning, executing, and evaluating the program through research and pre-testing, participation in the panels described above, and engaged by Golden Rule Services to lead workshops and Internet interventions.

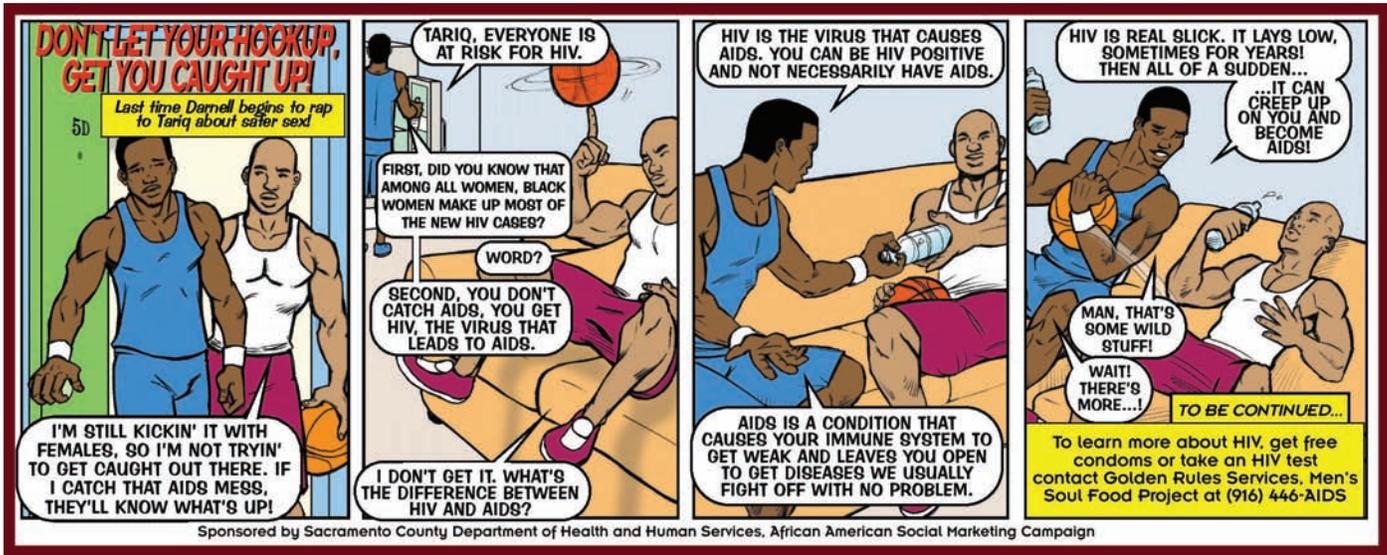
## Product

**Tangible product:** The audience was asked to use condoms correctly and consistently, communicate with sexual partners (emphasizing communicating risk, sexual history, and sexual negotiation), and to get tested for HIV and/or encourage their partner(s) to get tested.

**Core product:** Audience members were offered the certainty of knowing their HIV status, pride at being socially responsible to keep their partners HIV negative, feeling accepted among peers, and confidence in new communication skills for risk-reduction negotiation.



**Product augmentation:** Additional benefits included several features. The Men's Soul Food Project, a multi-session workshop series, provided safe environments to talk, learn safer sex strategies, and develop orientation and ethnic pride. The Men's Night Out house parties featured educational/entertaining presentations on safer sex, with raffle prizes and free safer sex kits. Additionally, free condoms of brands and styles favored by audience members were distributed through barbershops and other venues.



## Price

**Cost:** Audience members were asked to face the perceived loss of spontaneity involved in carrying and using condoms, as well as anxiety about testing.

**Barriers:** The campaign helped audience members overcome concerns about disclosing one's status to a partner, the risk of having to disclose "secret" partner(s) to primary partner(s), and fear of being observed by others when getting an HIV test.

**Competition:** Social stigma about MSM and HIV suppressed open discussion, status disclosure, and negotiation about sex.

## DO IT!

Negotiate media. Advertising agencies and contract media buyers can sometimes leverage budgets for impressive savings on television, radio, billboard, print, or Internet exposures.

While some media are less negotiable, others have a lot of wiggle room on pricing. Look and ask for the deals. (And do not forget to check invoices to ensure you received all the exposure you paid for.)



## Place

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Sacramento determined that where and when the target audience: a) will perform the desired behavior; b) will access program products/services; or c) is thinking about the issue included at home, on the Internet, at clubs or bars, in public sex environments, or locations where men gather, such as barbershops and other businesses catering to African American men.

The team made two important observations about its audience members. First, confidentiality was critical. Second, there were no particular neighborhoods, nightlife scenes, or other center of activities for young African American men.

Different approaches were tailored to family-oriented venues, such as churches, or mass media. Here, the approach did not focus on individual risk, but on increasing understanding of HIV issues in the African American community, and reducing stigma.

## Promotion

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**The Messages:** Through research, Sacramento identified lack of knowledge about HIV risk as well as an unfulfilled desire for bonding and networking among African American MSM. Creation of social opportunities and safe settings to learn new skills became central to the campaign.

The communications theme encouraged partner communication, emphasizing the need to communicate risk, sexual history, and sexual negotiation with either male or female partners.

A sophisticated comic strip format, illustrated by an artist recognized nationally for his convincing and compassionate portrayals of the African American culture, was selected for print materials, posters, and print advertising. Scenes in the serial comics became scripts for radio ads. Both presented prevention messages through a dramatic storyline.

### The Materials and Media:

- Brochures in a comic book format;
- Print advertising in a serial comic strip format in alternative publications: *The News & Review*, *Mom Guess What*, and *Outword*;
- Radio advertising dramatizing the serial;
- Billboards, mass transit, and bus shelter ads;
- Venue-based posters and free condom displays;



## County of Sacramento

- Web-based banners and site links;
- Web site: <http://brotha4brotha.org>; and
- Safer sex kits.

**The Activities:** Consistent with the target audience's desire for social support and confidentiality, promotion through educational events, street outreach, and Internet communications outweighed media-oriented activities in Sacramento.

- Chat room education provided by audience peers, referring individuals to Men's Soul Food sessions and other needed services, such as testing;
- Street outreach, recruitment to activities, distribution of materials;
- Weekly Men's Soul Food groups, monthly activities, quarterly house parties, and other events were conducted by Golden Rule Services to create a climate of social acceptance, encourage self-empowerment, and decrease social isolation;
- Periodic participation in African American community events, at night clubs, and during the Sacramento Pride Festival; and
- Publicity and media advocacy: Nationwide publicity about men on the down low (non-gay-identified African American MSM) was having a negative effect on Sacramento's gay African American men, driving non-gay-identified men further into the closet, further isolating gay-identified men, and giving some at-risk individuals a false sense of security. The purpose of the media advocacy was to increase media understanding of local HIV epidemiological facts (which showed that new infections could be attributed to no single group or risk factor) and sensitivity to the effects of coverage. The team distributed news items about the ongoing impact of HIV infection leading to three radio interviews (including *Being Gay Today*) and coverage in *Mom Guess What* and the *Sacramento Observer*. This resulted in an offer of complimentary advertising in *Mom Guess What*.

## Evaluation

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### Logs were kept of the following activities:

- Number of calls documented through the county HIV hotline number and county phone line number to ascertain community response to media ads and/or other campaign components;
- Number and profiles of participants in skill building workshops and groups. This includes each participant's gender, age, and increase in knowledge and behavioral intent to reach behavioral objectives;



- Numbers of referrals through online chat rooms and in-agency visits resulting from chat discussions;
- Radio, television, and billboard exposures by date, time, and audience reach; and
- Distribution of condoms and informational literature, including safer sex packets.

**Surveys were distributed for the following purposes:**

- Audience recall of media and behavioral intentions at community/skill-building workshops, HIV testing sites, condom distribution sites, and random sites/locations frequented by target audience. Surveys to assess the perception of the target audience, the reach and visibility of the campaign, the campaign’s effectiveness, and the target audience’s commitment/willingness to receive an HIV test;
- Community partner perception of target audience receptiveness and responsiveness to the campaign, and perceived effectiveness;
- Internal audience satisfaction with program process; and
- Media spokespeople’s knowledge, support, and information distribution.

**Efforts to evaluate impact:**

- Pre- and post-tests of workshop participants’ knowledge, attitudes, skill abilities, and behavior. Each participant was also asked to complete a personal prevention plan at the end of the workshop sessions; this data provides ways to follow up and assess change over a period of time;
- County’s statistics and epidemiological department data on baseline versus change correlated with social marketing activities; and
- Post campaign audience surveys assessing the perceptions of campaign’s visibility, reach, and effectiveness, and the respondent’s commitment/willingness to receive an HIV test. Surveys at testing sites to assess intent to reduce future risk.

**Sample Radio Spot**

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***Characters:** Tariq, African American male aged 22, who is having same-gender-loving feelings for the first time. • Darnell, African American same-gender-loving male, age 23, openly gay and out to his family and friends.*



## County of Sacramento

**Setting:** *Tariq and Darnell are on the basketball court playing ball. Sounds of the ball bouncing and grunts from exertion can be heard. Trash talking is heard as well (i.e., “Come on man shoot the ball.” “Oh, I got this, bruh!”).*

**Tariq** (*very hesitantly*): Hold up, Darnell. Can I ask you a personal question? What’s it like messin’ around?

**Darnell:** You mean with other guys?

**Tariq:** Yeah.

**Darnell:** Why, Tariq? Are you thinking about hooking up with someone?

**Tariq:** Maybe. But I’m just thinking about kickin’ it. I’m not tryin’ to have a relationship with a dude. Besides I’m still seeing some females and I don’t want to catch AIDS.

**Darnell:** I see I need to teach you the facts. First, you don’t catch AIDS. You get HIV, the virus that can lead to AIDS. And second, everybody who is sexually active is at risk for getting HIV, including females.

**Tariq:** I don’t get it. What’s the difference between HIV and AIDS?

**Darnell:** HIV is the virus that causes AIDS. You can be HIV-positive and not necessarily have AIDS. HIV is real slick. It can lay low, for years, then all of a sudden can creep up on you, weaken your immune system, and become AIDS.

**Tariq:** Man that’s some wild stuff.

**Darnell:** Yeah, but there’s a test you can take to see if you have it. Then to stay safe you should use a condom every time you have sex.

**Tariq:** Snap, I just bought these bomb lambskin condoms!! Feels like you ain’t wearin’ nothing.

**Darnell:** Get rid of them. HIV can get through lambskin condoms. You need to exchange them for latex ones!

**Tariq:** Dang, there’s a lot to remember. Well, I wouldn’t have to worry if I just kick it with females.

**Darnell:** Dude, I just told you women get HIV too. You have to be careful no matter which way you get down.

**Tariq:** Word!! Maybe, I should get tested.



**Darnell:** You got that right! I got tested and I'm still playing it safe.

**Tariq:** For real? Well, I'm gonna get on your program, D. *(basketball starts bouncing)*. Then, we can keep ballin' til' we are fifty.

**Darnell:** And beyond, bruh, and beyond.

**Announcer:** Don't let your hook up get you caught up!! You have the power to stop HIV. For more information about HIV and AIDS and how to protect yourself, call 875-6022, that's 875-6022.

Next time...Where will Tariq's curiosity lead him? Will he follow Darnell's advice about staying safe?

## THE WOMEN'S CAMPAIGN

### Logic Model

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**In Order To Help...** Sexually active African American women partners of MSM, living in high-risk geographic ZIP Codes.

**To do this specific behavior...** Women will reduce their risk for HIV infection by encouraging male partners to use a condom during every sex act each and every time; communicate sexual risk, history, negotiation skills with sexual partner(s); and encourage HIV testing.

**We will offer these benefits...** A sense of self-empowerment, open and honest communication with sexual partners, knowing their HIV status, being protected from contracting HIV and STDs, and having peace of mind.

**And lower these barriers...** Ignorance or denial of her partner's sexual risks, as well as fear of partner rejection, abuse, and withdrawal of financial support.

### Outcomes Sought

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#### Long-term objectives

The campaign sought to achieve the following outcomes: a) changes in community norms regarding HIV risk behaviors; b) individual level behavior change; and c) an increase in HIV testing.



### Near-term goals

- Encourage the use of condoms correctly and consistently;
- Communicate with sexual partners (emphasizing communicating risk, sexual history, and sexual negotiation); and
- Get tested for HIV and/or encourage their partner(s) to get tested.

### Research

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The team reviewed epidemiological data and reviewed literature; conducted key informant interviews, surveys, and focus groups on college campuses and in community centers or at CBOs; and gathered audience feedback once the campaign was launched. Among the issues researched were behavioral risk factors, media preferences, and emotional reactions to graphics, music, and messages.

Focus group members claimed to be asking their partners about their status, but often revealed they asked this question *after* having sex. The campaign thus encouraged women to ask *before*. All messages were pilot-tested with members of the target audience prior to launching.

The campaign focused on media and distribution points in three ZIP Code areas with neighborhoods of greatest risk. Workshops were presented in housing complexes in these neighborhoods.

### Product

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#### Tangible product:

- Use condoms correctly and consistently;
- Communicate with sexual partners (emphasizing communicating risk, sexual history, and sexual negotiation); and
- Get tested for HIV and/or encourage partner(s) to get tested.

#### Core product:

- Confidence in new communication skills for risk-reduction negotiation;
- Certainty of knowing HIV status; and



- Relief at not becoming HIV positive.

### Product augmentation:

- Safer sex packets with three to four condoms, lube, resource list, and lollipop;
- Compact mirror with campaign tag line/slogan;
- Sports cup with campaign tag line/slogan;
- Pens with campaign tag line/slogan;
- Condom key chain with AIDS program prevention message;
- Condom pouch with AIDS program prevention message;
- Pens with AIDS program prevention message;
- Address books, journals, and candles as incentives for workshop participants; and
- Incentives (gift certificates) for research participation

### Price

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Women had to overcome their barriers to asking partners about their status or histories, or to buying, carrying, and using condoms.

Barriers to behavior change included aggressive partners who refused to wear condoms or even became violent, women's low self-esteem or sense of hopelessness and need to feel loved, their desire to get pregnant, not believing they were personally at risk or that partners who love them would put them at risk. Other barriers included limited access to condoms, not knowing how to negotiate with partners, or being under the influence of alcohol or other drugs.

Competing messages are promoted by hip hop cultural values and media that promotes risk behavior.

### Promotion

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Prevention messages for women partners of MSM encompassed a message of "girlfriends" empowering or telling each other to ask their partners about their sexual history, insisting on consistent condom use, and asking partners to take a HIV test together.



## County of Sacramento

### The Messages:

Women queried in the pilot-testing phase and during the campaign reported that they saw themselves and their friends in the images and messages – they could relate to the radio scripts and the radio spots were well produced and popular. Models looked like “real” women and were representative of the community. Colors, wardrobe, and background music in broadcast advertisements were all influenced by audience input.

Messages were reinforced through a combination of complementary media and community-based activities.

### The Materials and Media:

Media spending focused on media known to have a strong following among African American women aged 18-34, as revealed in formative research and validated by ratings data. Media included:

- **Television advertising:** 30-second and 10-second spots aired during network and cable programming popular among the target audience;
- **Radio advertising:** a series of three 60-second ads aired on KSFM 102.5 and KBMB 103.5;
- **Billboard advertising:** a series of three billboards reached approximately 98 percent of the target audience residing and/or visiting selected ZIP Code areas; and
- **Press Kits:** press releases and materials were distributed to approximately 25 broadcast and print media.

### The Activities:

Community-based activities reinforced messages in the media, and vice versa. These included:

- **Sistah Circle Workshop Sessions:** staff conducted six two-session workshops for the target audience reaching a total of 72 young women from low-income housing sites in the targeted neighborhoods;
- Staff participated in several **health fairs** in targeted ZIP Codes, and conducted more than 35 presentations to local agencies and businesses to solicit community partners for condom and literature display sites as well as to further promote the campaign and solicit support from the community to encourage them to talk to their clients about the campaign;



- **Condom Distribution:** over 20,000 condoms were distributed to African Americans in the target area through 15 businesses (nail/hair salons or small retail shops) and agencies who have been identified as community partners;
- **Place-based:** approximately 150 posters, 15,000 brochures, and other materials were distributed at condom distribution sites and the alternative testing site. The team recruited more than 35 community business and agency sponsors to display brochures and distribute safer sex packs plus condom distribution at another 15 locations; and
- **Faith-based:** church communities are among the “Places” used to communicate with African American MSM and women partners as well as the broader African American public. The County of Sacramento used faith-based strategies and materials, such as the brochure *A Christian Response to AIDS* and other materials, to foster support and participation by African American churches and to initiate discussion with ministers who may incorporate messages into their communications. Health disparities among women and infants often opened the door to deeper discussions about MSM and other health issues.

## Evaluation

A number of methods gathered data on campaign outcomes:

- **Alternative Test Site Survey:** media advertising typically resulted in spikes in the number of individuals requesting an HIV test; at one point 64 percent of those surveyed came in to test because they saw a media ad, of which 49 percent were the target audience or partners of the target audience. Testing increases were also recorded for one and three months following advertising flights;
- **Post Campaign Surveys** were conducted at the same sites where formative research and pilot-testing were conducted: condom distribution sites, provider agencies, shopping centers, or college campuses;
- **Community Partner Surveys** reflected business and agency reactions to their participation in message distribution;
- **Phone logs** tracked public response to media advertising and publicity, and responded to referral requests; and



## DO IT!

Tie evaluation to the call-to-action in your messages. Partner with providers receiving referrals from your campaign to track whether clients heard or saw messages.

- Sistah Circle Workshop participant's pre-/post-tests reflected an increase in intent to communicate with sexual partners and/or intent to get tested for HIV. All participants completed a risk-reduction plan and 82 percent agreed to an onsite HIV screening at one of the two sessions. An additional 52 friends, family members, or male partners also participated in the onsite screenings, while an unknown number made referrals to the anonymous alternative testing site.

### Sample: Radio Ad - Ladies Night Out (One of Two)

**Background song:** "This is Ladies Night" by Lil' Kim.

**Background info:** Four young women at Nia's crib; eating popcorn and getting ready to watch a movie.

**Characters:** Cherise, Nia, Kiesha, and Tasha.

**Cherise:** Nia, I forgot to ask you how your "talk" went down with Ray.

**Nia:** Girl, let me tell you, first I thought he was gonna be trippin' because I asked him how he felt about using condoms and if he's ever shared needles.

**All:** I know that's right!

**Nia:** Then I asked him if he'd ever been tested for HIV or STDs. And I didn't stop there, I even asked him if he'd ever slept with a man!

**All:** Girl, no you didn't! (*Sounding astonished.*)

**Nia:** Yeah I did.

**Cherise:** I heard that! You really went there. (*Surprised*) I'm the one told you to ask your man the 411 on his past, and I haven't even worked up the nerve to ask my man. I need to take my own advice.

**Nia:** At first, Ray didn't want to answer the questions, but I let him know how important it was to me and that what I didn't know about him could hurt me. Then he really started talkin' and everything was cool.



**Cherise:** Okay, let's make a pact. Before we get down like that, we all need to ask our men some "key questions." Aight?

**All:** Yeah, let's do that! *(All agree together.)*

**TAG:** Half the women living with AIDS in Sacramento County are African Americans. So you better ask him! What you don't know about him could hurt you. So let's talk about it! We have the power to stop HIV and AIDS. For more information, and to get free and anonymous AIDS testing, call 1-888-249-4HIV. From Sacramento County, Department of Health and Human Services.

## Epilogue

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### Resources Allocated

The County of Sacramento allocated approximately \$18,000 to continue promotional aspects of its social marketing campaign in 2007-08. The outreach and social support provided by its partnering CBO are funded through OA E&P monies (including a one-time augmentation grant).

The groundwork laid during the years of the social marketing campaign led to a smooth transition as new OA directives increased emphasis on African American MSM. This emphasis was aligned with plans already adopted by the county.

While some of the organizational structures have changed, most of the participants of the earlier years remain involved, and counseling and testing providers have joined in planning and executing the activities.

### Program Adaptations

Bus benches and print and radio advertising were eliminated. The county continues other promotions components, including Web banner ads, distribution of posters and other print materials, and development of the *brotha4brotha.org* Web site. Golden Rule Services continues (with E&P funding) to provide chat room outreach, distribution of safer-sex packets and printed materials, MSM workshops, and other social support activities that were critical elements of the social marketing. Printed materials and safer-sex packets are also distributed through partners that provide counseling and testing services.

Monitoring continues, but no plans were made for future formative research, program review, or refinement.



### The Future

The County of Sacramento noted that social marketing principles have become a foundation of the majority of its prevention interventions as “thinking like a marketer” has become part of the system’s culture. Among the principles applied across a spectrum of E&P practices are these:

- Commitment to formative research (literature review and other background research, focus groups, surveys, interviews);
  - Addressing the wants, needs, barriers, and benefits of the target audience segments; and
  - Inclusion of audience members in planning, execution, and evaluation of interventions.
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## CONCLUSION

This report illustrates a variety of possibilities for using social marketing as part of an integrated HIV prevention program. It also shows how four LHJs, equipped with the same level of funding, the same planning tools, and in most cases addressing the same audiences, can arrive at widely diverse approaches and solutions.

We hope it also provides useful, experience-based advice for today's and future health policy planners and implementers of locally executed public health social marketing campaigns. It presents models from which future campaigns can begin, building on the best-practices and lessons learned of those who participated in the HIV Prevention High-Risk Behavior Change (Social Marketing) Campaign.

It is clear that there is no cookie-cutter formula for the most effective use of time, money, and human energies in executing social marketing, only models. Several major decisions were subject to local opportunities or constraints. Among these were choices about:

- Which at-risk audience to address;
- Behavioral objectives, and what to measure in evaluation;
- Functions to be handled by LHJ staff versus contracted to a local nonprofit organization or social marketing contractor; and
- The most effective promotional tactics (outdoor media, community mobilization, Web site, etc.) for the audience and the community.

These and other decisions gave each campaign its local character.

LHJs considering building on these “best practices” models are encouraged to contact the individuals in each LHJ section for additional information. Even more importantly, social marketers must determine for themselves, through planning, formative research, and pre-testing, whether the methods described here may also work in their communities. When applied diligently and deliberately to fulfill audience members' wants, social marketing is a powerful prevention tool.

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## APPENDIX: GLOSSARY

Terms used often in this report appear below. CDCynergy contains a comprehensive glossary of social marketing terms, from which much of this list is borrowed. Another useful tool is the American Marketing Association's dictionary at [www.marketingpower.com](http://www.marketingpower.com).

- **Audience or Target Audience:** The group of individuals you seek to reach and influence. The primary audience is the group you want to see make behavior changes. The secondary audience consists of individuals who can exert influence on the primary audience. Interventions may target one or both audiences.
- **Barriers:** Factors that get in the way of the audience adopting the desired behavior change.
- **Behavioral objective:** Clear, specific, feasible action that you want your audience to take.
- **Branding:** Developing words, images, and tone that are used consistently in all communication that promotes the desired behavior change and any associated products or services to the target audience. Brands are a shorthand way to communicate the value of the behavior change and help inspire your audience to action.
- **CBO:** Community-based organization.
- **Channels:** The routes or methods used to reach the target audience.
- **Competition:** The behaviors and related benefits that the target audience may prefer over the behavior you are promoting. Competition also encompasses the organizations and persons who offer or promote alternatives to the desired behavior.
- **E&P:** Education and prevention.
- **Earned media:** Coverage of your story through a letter to the editor, a press conference, an appearance on a talk show or local news program, news releases, and on-air or print interviews.
- **Focus group:** A type of qualitative research in which an experienced moderator leads eight to ten respondents through a discussion of a selected topic, allowing them to talk freely and spontaneously.
- **Key informants:** People whose opinions can be seen as representative of a community or target audience because of their experience or expertise with the target audience.
- **LHJ:** Local health jurisdiction.
- **Media:** A group of mediums (e.g., billboards, print publications, neighborhood publications, point-of-purchase displays) used to convey a message to the public.



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- **Message:** The memorable, explanatory words or images that communicate what you want people to do.
- **MSM:** Men who have sex with men. This includes gay and bisexual men as well as those who have sex with men but do not identify as gay or bisexual.
- **Narrowcasting:** Extremely focused communication channels reaching a narrowly defined audience, such as viral marketing (messages spread among individuals by word of mouth) or social networking, distribution of materials through highly controlled channels, etc.
- **Norms:** The rules of behavior that are part of the ideology of a group. Norms tend to reflect the values of the group and specify actions that are proper and those that are inappropriate, as well as the rewards for adherence and punishment for nonconformity.
- **Objectives:** Statements describing the intended results of the campaign and the manner in which these results will be achieved. Objectives should be specific, measurable, achievable, relevant and time-bound (“SMART”).
- **Offer or Appeal (nouns):** A message about the beneficial exchange that can be tailored to one’s target audience(s). This term addresses the motivation within the target audience that a message strives to encourage or ignite (e.g., appeal to yearning to feel healthy, appeal to the desire to be accepted by peer group, appeal to pride in one’s identity group).
- **Out-of-home:** Media such as billboards, transit shelter ads, posters, or other materials that are seen away from home, contrasted to television, Internet, catalogues, and other “in-home” materials.
- **Place:** One of the four Ps of marketing. Place is where and when the target audience: a) will perform the desired behavior; b) will access program products/services; or c) is thinking about the issue.
- **Positioning:** How audiences view the attributes of competitive products in comparison to each other. Attributes include how the audience views the behavior itself, but also the messenger, the message, and other features. Positioning of the same behavior may vary depending on the different audience members’ perspectives.
- **Price:** One of the four Ps of marketing. Price refers to the financial, emotional, psychological, or time investment costs or barriers audience members face in making the desired behavior change.
- **Product:** One of the four Ps of marketing. The tangible product is the behavior or action itself (for example, using condoms); the core product is the emotional benefit realized (such as freedom from anxiety about transmitting HIV), and product augmentations are add-ons or



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premiums that make the product more fun, easy, and popular (widely accessible, free condoms, in styles that are popular with the target audience).

- **Promotion:** One of the four Ps of marketing. The visible “tip of the iceberg” of social marketing, comprised of communication messages, materials, distribution and media channels, and activities promoting the benefits of the behavior change. Promotion reflects the sum of Product, Price, and Place features of the social marketing campaign.
  - **Segmentation:** The process of dividing a target population group into homogeneous subsets based on common factors related to the problem, usually risk behaviors, and determinants of the behavior. Geographic, psychographic, and demographic factors can help define a segment as well.
  - **Social media/social networking:** Various activities integrating social interaction with technology to connect and transmit information in a collaborative manner. Social media may include blogs, internet forums, social networking Web sites such as *MySpace* or *Facebook*, and other media.
  - **Venue-based, place-based, point-of-sale, point-of-purchase:** all terms used for messages displayed at the site of a behavioral decision, a physical location or environment where the target audience can be reached with an activity or message.
  - **Web traffic:** Any of a number of measures to describe the amount of visitors and visits a Web site receives. Page views are requests to load a single HTML page. Visitors reflects the number of individuals who have visited a Web site (or network) at least once in during a fixed time frame.
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## APPENDIX: GOOD-TO-GREAT SOCIAL MARKETING RESOURCES\*

### Score

**CDCynergy Social Marketing Edition:** RWJ Turning Point Initiative, the Academy for Educational Development, the Centers for Disease Control and Prevention National Center for Health Marketing, and the Oak Ridge Institute for Science and Education. Order at <http://tangibledata.com/CDCynergy-SOC/Drive-thru/index.cfm>.



(Note: New 2006 edition contains many updates that were not available to LHJs at the time of their program implementation.)

**Focus Groups:** *A Practical Guide for Applied Research* by Richard A. Krueger and Mary Anne Casey, Sage Publications, 2005.



**Hands-On Social Marketing:** *A Step-by-Step Guide* by Nedra Kline Weinreich, Sage Publications, 1999.



**International social marketing newsgroup:** To subscribe, send an e-mail to [listproc@listproc.georgetown.edu](mailto:listproc@listproc.georgetown.edu) and in the message body, put: subscribe soc-mktg.



**Making Health Communication Programs Work:** (a.k.a. the National Cancer Institute's Pink Book) [www.cancer.gov/pinkbook](http://www.cancer.gov/pinkbook).



**News For A Change:** *An Advocate's Guide to Working with the Media* by Lawrence Wallack, Katie Woodruff, Lori Elizabeth Dorfman, and Iris Diaz, Sage Publications, 1999.



**The Manager's Guide to Social Marketing:** *Using Marketing to Improve Health Outcomes* by the Turning Point Social Marketing National Excellence Collaborative (no date), available at [www.turningpointprogram.org/Pages/pdfs/social\\_market/smc\\_managers\\_online.pdf](http://www.turningpointprogram.org/Pages/pdfs/social_market/smc_managers_online.pdf).



**University of South Florida Social Marketing in Public Health Conference and Field School:** [www.cme.hsc.usf.edu/smph/index.html](http://www.cme.hsc.usf.edu/smph/index.html).



\* As scored by LHJ Users





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