

A five-phase strategy
goes beyond social marketing
to foster sustained behavior change
for public health issues

building Public Will

In the fall of 2005, Washington state voters passed, by a 64 percent margin, one of the nation's strictest smoking bans. Just a year earlier a similar measure failed to make the ballot, and less than a decade earlier, such legislation was unfathomable. What happened? Many things, but at the core, a shift in public will.

Tobacco prevention advocates across the country had successfully reframed the issue, replacing smokers' rights to smoke with everyone else's right to breathe clean air. They learned what the public valued, connected to those values, and communicated with frequency and consistency. They fostered a high level of personal conviction and provided individuals, businesses, policymakers and others with numerous opportunities to take action based on that conviction—to express their will to breathe clean air and to take a stand against big tobacco, armed with the truth about the tobacco industry and the health effects of tobacco use and of secondhand smoke.

Public will building like this results not only in sustained individual behavior change, but also in a lasting shift in social norms and expectations. It goes beyond better promotion, more advertising, clearer communication, or more partnerships—to make good health a shared priority and to turn belief into action.

How Do We Build It?

Public will building integrates grassroots outreach methods with traditional mass media tools in a process that:

- includes target audiences in development and testing;
- connects people to issues through their existing, closely held values, rather than trying to change people's values;
- respects cultural context;
- results in long-term attitudinal shifts manifested in individuals taking new or different actions—collectively, these actions create community-level and institutional change; and
- is achieved when a sufficient number of community members and thought leaders have galvanized around an issue to form a new or different set of fundamental community expectations.

Too often, lack of sustained public health funding, desire for high-profile media campaigns, and lack of capacity within programs and among community partners mean a focus on the short term. Such efforts concentrate on changing public opinion, but do little to foster sustainable change because the efforts themselves are not sustainable. In contrast, public

will-based strategies focus on long-term change built over time by engaging broad-based, grass-roots support to influence individual, institutional and social change. Shaping public will on any issue requires a multidimensional approach. In each of the five phases of public will building described below, we have highlighted a case study that illustrates the work that occurs in that phase and the roles of organizers and the audience.

PHASE 1

Frame the Problem

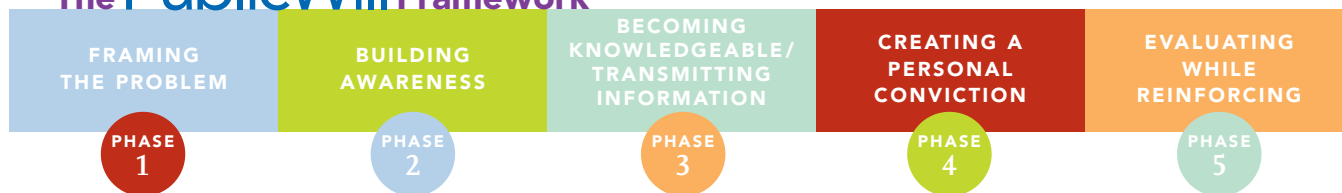
Fetal Alcohol Syndrome (FAS) is a leading preventable cause of mental retardation and birth defects. Drinking alcohol during pregnancy, *even before a woman realizes she is pregnant*, can cause FAS and related Fetal Alcohol Spectrum Disorders. However, most efforts to reduce FAS have focused on pregnant women or women planning pregnancy, using images of babies or of happy women with nine-month bellies. An entire audience of women who may become pregnant unintentionally is not currently being reached. The Centers for Disease Control and Prevention funded the Oregon Department of Human Services to reach this audience, specifically targeting college women who drink and have unprotected sex.

In focus groups, women said they have been bombarded with messages about safe sex and drinking, and that STDs are a much greater concern than pregnancy. Getting beyond “it won't happen to me” and motivating women to think about a future baby, much less a pregnancy, presented a daunting challenge.

Research also provided a teachable moment. More than 80 percent of women in the focus groups had had a pregnancy scare, and said they would change their behavior if they thought they were pregnant. They did not understand the lifelong effects of FAS, nor did they realize that a fetus can be harmed in the very early days of pregnancy. They valued their ability to take care of themselves and their peers, and they bristled at anything that felt judgmental.

Using this information, DHS reframed the message from “Don't drink during pregnancy” to “If you've had unprotected sex or missed a period, don't drink until you're certain you're not pregnant. Drinking beer, wine or other alcohol during pregnancy, *even before you realize you're pregnant*, can cause Fetal Alcohol Syndrome, a leading preventable cause of

The PublicWill Framework



mental retardation and birth defects.” The message was supported by visuals of a condom and beer bottle rather than the traditional images of pregnant bellies and babies.

The message resonated, and a pioneering audience emerged when women in every focus group expressed a desire for more information on FAS and said they wanted to share facts with their friends, and several volunteered to help implement the campaign on their campus.

ORGANIZERS: In this phase, organizers clarify what needs to be addressed by conducting research to develop a clear knowledge base about the causes of the problem, the cultural context in which the problem exists, and the entities that can impact the problem. From this foundation, organizers assess current activities and the players involved, and identify gaps in the change effort. In addition, organizers explore the impacts of the problem from economic, social, political, and environmental perspectives. This research helps organizers effectively define the issue as relevant to the values of the community.

AUDIENCE: In Phase 1, there is a pioneering “audience,” typically the group that first becomes aware of a problem and draws a parallel between the issues and the values of the community, creating an early sense of relevance/importance for broader audiences beyond the pioneers. The pioneers then begin a public will building initiative as they move from low or no awareness to early awareness.

PHASE 2 Build Awareness

The Healthy Birth Initiative aims to reduce infant mortality and the number of low-birth-weight babies in Portland, Oregon, by reducing prenatal behavioral risk factors. Organizers could provide direct service to a limited number of women, and wanted to motivate broader, communitywide behavior change. Research with African American, Hispanic, Caucasian and Somali women showed that a key obstacle to good prenatal care was lack of support from husbands, boyfriends and other men in the community. There was deep value in social networks and women gathered information through sources they trusted—not necessarily health professionals.

Having identified a problem, the organizers moved to the second phase, building awareness. They created a public education campaign that delivered messages—aimed at women and men—about how to have a healthy pregnancy and a healthy baby. Upbeat materials included a poster with “tear-off” tips for women and men; print, radio, television

and transit advertising; and an appointment book with concise information about fetal development and prenatal care. All creative materials came in two versions: one featuring pregnant women and highlighting prenatal care, the other featuring “pregnant men,” with the headline “What if Men Could Get Pregnant?” and information about how men could support good prenatal care. In addition to educating men, the male-focused materials gave pregnant women ideas of what to ask for from the men in their lives.

Materials, in English and Spanish, were delivered through an alliance of community partners ranging from health clinics to restaurants and nail salons, and through a partnership with a grocery store that printed information on shopping bags. The program also added a male outreach worker to directly engage men in the community. This multifaceted campaign ensured that organizers reached the target audience multiple times through different channels and trusted sources.

ORGANIZERS: During Phase 2, organizers conduct outreach to build broader awareness about the problem or need. The outreach is aimed at connecting the issue with existing core values of the priority audiences, working from the pioneers out to those with low or no awareness of the problem or a need for change.

Organizers identify the audience segments that can affect the issue and gather information about each segment’s level of awareness, relationship to the issue, personal values, and sources of information. This helps organizers prioritize the audiences, develop effective messages, and select the best channels to deliver the messages. Organizers then test the messages with audiences for resonance and customize them, with audience involvement, so that they ultimately connect with the cultural context of each audience.

Once the message is refined, it is conveyed through integrated media techniques and grassroots outreach, which is especially good for connecting the issue to existing values, delivering messages, creating engagement and ownership, and providing environmental cues that convey a sense of being part of a larger movement.

AUDIENCE: The audience has grown from the original pioneers to include the organizers and the recipients of the outreach. Audiences become ready to “own” the issue by gaining deeper awareness of the issue and how it relates to core values. They are primed to become messengers themselves.

PHASE
3

Share Information

More than 200,000 Oregonians with disabilities want to and are able to work, but are unemployed, largely due to employer misperceptions and fears, directly impacting quality of life and access to health care. Funded through a federal grant to increase employment of people with disabilities, the Oregon Department of Human Services launched an initiative to increase employment of people with disabilities.

Organizers developed messages highlighting benefits and dispelling fears about hiring people with disabilities, with input from a team of disability advocates and business representatives, as well as research with human resource directors and CEOs. News stories and a print advertising campaign raised awareness, and organizers began providing clear information about how businesses could act. They partnered with Nike, one of Oregon's largest and most visible employers, to host a conference for employers. Participants explored topics such as recruiting, legal issues, tax incentives and accommodations, and a breakfast for CEOs explored high-level leadership. All attendees received a substantial resource notebook.

At the conference, organizers relaunched the Oregon Business Leadership Network (OBLN), a business-led organization. In addition to providing ongoing newsletters, trainings and support to members, the OBLN was instrumental in making "full inclusion of people with disabilities" a priority in Oregon's 2007 State Business Plan.

ORGANIZERS: During Phase 3, outreach moves from raising awareness to providing information about how change can occur and what needs to be done. Organizers focus on providing specific information about how to effect change through personal, community and institutional actions (including voting; mobilizing support or opposition to a policy; speaking out against racism; voting with one's dollars through boycott; and adopting new policies, practices, or procedures).

AUDIENCE: Once audience members are aware of an issue and its importance, they want to know how to make a difference. They seek answers to questions, including: Who can impact the issue? What organizations are responsible and able to make a difference? What can I do? With answers to these questions, they can begin to connect their related values and awareness of the issue with knowledge of what they can do about it.

PHASE
4

Create Personal Conviction

The Seattle-King County Tobacco Prevention Program was using several strategies to reduce exposure to secondhand smoke, a major contributor to lung disease, cancer and other health problems. One of those strategies, outreach to restaurant owners to convince them to go smoke-free, had been very successful and more than 80 percent of

area restaurants had banned smoking. But the remaining 20 percent were a tough sell, afraid to lose loyal customers if they asked them not to light up inside. The Tobacco Prevention Program needed a more compelling way to motivate owners to go smoke-free.

In focus groups, restaurant owners were encouraged to hear that 80 percent of King County adults do not smoke and that most people, including those who smoke, prefer to eat in a smoke-free environment. They were also intrigued, but needed more proof, that going smoke-free could save cleaning and maintenance costs. Organizers clearly needed to shift secondhand smoke from a public health issue to a smart business move in order to foster the level of personal commitment needed to make the change.

Organizers created a campaign called *Taste the Food, Not the Smoke* and provided direct support to establishments that were already smoke-free and to others that wanted to go smoke-free but were afraid to make the switch. Campaign resources included outreach to business owners, technical assistance and resource guides on going smoke-free, advertising and promotional support to help smoke-free businesses tout their clean-air status, and the opportunity to join the Smoke-Free Coalition of Seattle/King County and receive ongoing business-focused counsel. Business owners signed on, voiced their support, appeared in ads for smoke-free businesses and provided best practices and advice to their peers. Organizers continually followed up to provide assistance and encouragement. This collaborative, movement-building approach helped build personal conviction among businesspeople to provide smoke-free spaces and support for an eventual smoking ban in the state.

ORGANIZERS: In order to help individuals make a personal commitment, organizers deliver clear call-to-action messages that encourage a lasting commitment and specific actions. Using an integrated grassroots and media approach, champions and ambassadors deliver the call to action as direct requests, and messages in the media and communication materials support them. The call to action is framed within the overall context so that individual commitments and changes are positioned as part of new, aspirational community expectations. In addition to more traditional calls to action (advocacy, purchasing and voting decisions), organizers encourage audiences to make pledges, endorse core positions, and identify themselves as part of a movement.

AUDIENCE: This is the critical stage, where individuals make a choice (conscious or not) to own an issue and create change. This ownership goes beyond a specific election or a particular program. Personal commitment in this phase means that people understand the problem—and its root causes—and dedicate themselves to working for change through a variety of actions. The issue becomes a touchpoint in individual choice-making, influencing how people vote, what they purchase, and to what positions they lend or deny their support. Public will is established.

Evaluate and Reinforce

NYAC, the nation's only GLBTQ (gay, lesbian, bi-sexual, transgender and questioning) youth advocacy organization, received a grant from the Centers for Disease Control and Prevention for a social marketing pilot campaign to increase HIV testing and test retrieval among African American GLBTQ males ages 13-24. The pilot launched in south Florida, Washington, D.C., and the Bronx, New York.

The *You Know Different* campaign relied on messages and images identified by youth, on low-cost strategies that youth said were the most credible, and on partnerships with more than 30 community organizations. Outreach was conducted by young people themselves (transforming audience into messenger) and included peer education networks, social networks, club scenes and other gathering places; online communication; simple collateral tools such as palm cards, posters and stickers; and public service announcement scripts for campaign partner organizations to place with local media.

The pilot campaign results were extraordinary, exceeding by 20 percent the goal of a 100 percent increase in testing and test retrieval. There was a 300 percent increase in the number of young people contacting testing organizations and a 220 percent increase in the number of HIV tests scheduled. Using evaluation data and a new round of focus groups, organizers then expanded the campaign to include St. Louis, Memphis and Fort Worth. One key change in the campaign was the inclusion of additional images of youth to create a poster series that allowed each location to select images that were most appropriate to its demographics. In 2007 the campaign will expand to additional cities and will include the transgender community.

ORGANIZERS: By evaluating messages, activities and results, and linking successes and failures to specific strategies, organizers can make adjustments to achieve greater impact. Unlike many public opinion-based efforts, where the key focus is on undecided audiences, public will organizers focus significant attention on ensuring that both grassroots and traditional media communication reinforce those that have made the choice to act. This reinforcement is critical to public will building because it helps ensure that people who have taken ownership of an issue are reminded of their commitment and continue to see it as part of how they define themselves.

AUDIENCE: Once individuals have taken action, they evaluate the results of their action and become increasingly aware of the positions and actions of others in relationship to the issue. They either confirm their decision and deepen their conviction or question their decision and make adjustments to their actions. The more they feel reinforced in their choice, the more they will take actions consistent with their conviction, which in turn helps drive change and influence others.

Sustainable Change

Public will building is a powerful approach to creating sustainable change that ensures public health and specific health issues are viewed as critical to vibrant, healthy communities. The process attracts and enlists committed champions and ambassadors who are moved to conviction, whose conviction becomes action, and whose action garners the conviction and action of others. As change occurs, evaluation and reinforcement support the efforts of early adopters, converting them to ambassadors. Ultimately, this establishes a new set of normative community expectations within which our communities—and the public's health—can thrive.

Metropolitan Group is a full-service social change agency that crafts and integrates strategic communication, creative and resource development services that empower social purpose organizations to build a just and sustainable world. As an agency committed to social, economic and environmental justice, we view health promotion and advocacy as vital strategies and core segments of our business. We worked on all of the projects described in this article.

Metropolitan Group was founded in 1989 and has offices in Chicago; Portland, Oregon; and Washington, D.C. Our four practice areas are strategic communication, resource development, intercultural communication and organizational development. Through our work we have learned and refined effective approaches that establish platforms for sustainable change, and have distilled this work into our public will building communication framework.

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