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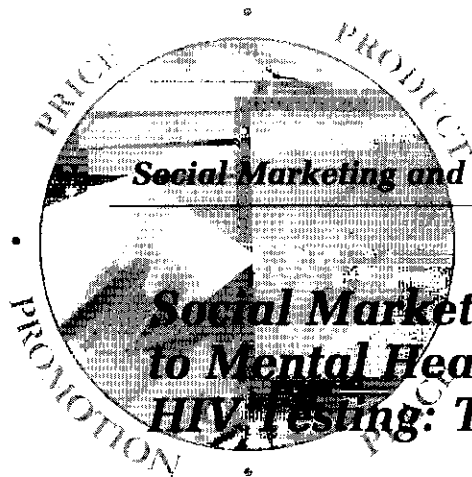
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Social Marketing and Health Communication

Social Marketing's Unique Contribution to Mental Health Stigma Reduction and HIV Testing: Two Case Studies

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Since its inception in 2005, articles in *Health Promotion Practice's* social marketing department have focused on describing social marketing's unique contributions and the application of each to the practice of health promotion. This article provides a brief review of six unique features (marketing mix, consumer orientation, segmentation, exchange, competition, and continuous monitoring) and then presents two case studies—one on reducing stigma related to mental health and the other a large-scale campaign focused on increasing HIV testing among African American youth. The two successful case studies show that social marketing principles can be applied to a wide variety of topics among various population groups.

Keywords: social marketing; health communication; consumer analysis; marketing mix; segmentation

Social marketing is a planned approach to social change (Andreasen, 1995). It is strategic thinking and decision making about how to design programs that meet consumers' needs, provide a benefit they value, at a price they are willing to pay, in places that are convenient, and with promotional strategies that effectively inform the consumer about the product.

In 2005, *Health Promotion Practice* introduced the social marketing department as a regular journal feature. Co-associate editors Kelli McCormack Brown and Rosemary Thackeray coauthored the inaugural article "Social Marketing's Unique Contribution to Health Promotion Practice." The article described six key features that make social marketing different from other approaches. During the past 6 years, the department's articles have focused on describing each of these unique contributions and the practical application of each to health promotion practice.

The purpose of this article is to provide a brief review of each feature and then present two case studies to

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Authors' Note: For additional information about the "You Know Different" campaign and to access campaign materials, toolkits, and results reports, visit www.youknowdifferent.org. Visit www.metgroup.com for tools on social marketing, public will building, reaching multicultural audiences, successful advocacy, and other topics. For additional information about Washington's mental health stigma campaign, visit <http://www.dshs.wa.gov/dbhr/mhtransgrant.shtml>.

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illustrate their application. The first case study is a Washington state-based initiative focusing on reducing stigma associated with mental illness. The second case study is a large-scale campaign focused on increasing HIV testing among African American youth.

► SIX KEY FEATURES UNIQUE TO SOCIAL MARKETING

Marketing mix: The marketing mix includes strategic decisions about the product (core, actual, augmented), the price it costs the consumer to get the product, the place the product is offered, and how the product is promoted (McCormack Brown, 2006; Thackeray & McCormack Brown, 2010; Thackeray, Neiger, & Hanson, 2007).

Consumer orientation: A consumer orientation is central to the social marketing process. Knowing the audience and understanding their needs, wants, values, and motivations helps social marketers design programs that will influence behavior change.

Segmentation: Segmentation is the dividing of large groups in to smaller, homogeneous groups that share common characteristics. Because everyone does not respond in the same way, the segmentation process helps the social marketer tailor social marketing strategies to meet the needs of specific audiences (Slater, Kelly, & Thackeray, 2006).

Exchange: People give their time, effort, money, and other costs (the *price*) to receive a product and a benefit they value. This is the exchange process. To facilitate the exchange, social marketers must understand their audience and what would make it easier, more convenient, and more rewarding to participate in the exchange (Thackeray, 2010).

Competition: Competition can be summarized by thinking about what the audience can choose instead of what you want them to choose. Social marketers can identify competition on two levels: (a) the individual's choice between the competing products and behaviors and (b) organizational level competition that results in competing and conflicting approaches to behavior change (Wayman, Beall, Thackeray, & McCormack Brown, 2007).

Continuous monitoring: Continuous monitoring is engaging in ongoing process and impact evaluation to determine program effectiveness and audience response. Resulting data will indicate areas that need improvement or modification, and whether the program should continue (Grier & Bryant, 2005).

► CASE STUDY 1: MENTAL HEALTH STIGMA REDUCTION

In 2005, the state of Washington launched a social marketing initiative to eliminate the stigma surrounding mental illness. Stigma is a significant barrier for people with mental illness in a wide variety of settings, including employment, health care, housing, and education (President's New Freedom Commission on Mental Health, 2003).

Key to reducing stigma is the idea that people with mental illness can, and do, recover and lead productive and fulfilling lives. Washington's social marketing initiative was built around three best practices for stigma reduction: *contact* with people with mental illness, *education* countering myths with reality, and *protesting* prejudicial attitudes and practices (Corrigan, 2004). Public exposure to personal stories of mental health recovery and the adoption of the recovery model of treatment and services (Anthony, 1993) became key initiative goals.

Segmentation

Washington's Social Marketing Task Group (WSMTG) identified seven key groups that have the power to reduce stigma and support adoption of the recovery model. The initial list was narrowed to three groups believed to be most crucial during the first year of the project.

Consumers of mental health services: People seeking mental health services often practice "self stigma," which discourages them from seeking help and playing a constructive role in their recovery.

Providers of mental health services: Providers have the power to set aside the traditional doctor/patient relationship in favor of the recovery model that encourages consumers to be equal participants in their own recovery plan.

Policy makers: These individuals have the authority to approve legislation and budgets that support recovery oriented services.

The second year, a fourth group, the *news media*, was added. Reporters' use of language that perpetuates stigma can marginalize people with mental illness and discourage them from seeking help.

TABLE 1
Competition and Bundle of Benefits (Core Product)

<i>Audience</i>	<i>Desired Behavior</i>	<i>Competition</i>	<i>Benefits</i>
Consumers	Speak publicly about your experience with recovery	Choosing to not share their story due to fear of stigma	Satisfaction of knowing that I helped others by sharing my recovery journey To help me adopt the desired behavior, I will get training in public speaking, support from my peers, and assistance with travel costs
Providers	Adopt the recovery model	Staying with their current practice model because of a perceived lack of evidence and management support for changing	My patients will get better and I will feel more successful To help me adopt the desired behavior, I will get advance notice of training close to home, and evidence I can use to convince management that adopting this model will help our patients get better
Policy makers	Legislation and funding to support recovery-oriented services	Not voting in favor of a piece of legislation and not providing funding for the recovery model because they do not know there is an alternative that is more effective but does not cost more	I feel successful in my job when I invest in services that are effective but do not cost more To help me adopt the desired behavior, I will get evidence that this model is effective, and I will be convinced that investing in recovery services will decrease the need for crisis services
News media	Balanced reporting on mental illness Abandon sensational language Tell stories about prevention, recovery, and hope	Sensational headlines and fear sell papers and increase viewership	Reporting on mental illness without bias and prejudice makes me a more accurate and responsible reporter To help me adopt the desired behavior, I will get resources that help me avoid biased language and labels

Consumer Orientation

Formative research consisted of telephone interviews with each group. Information about recovery and the public contact strategy was shared. Consumers were asked what would motivate them to speak publicly about their personal experience with mental health recovery. Providers and policy makers were asked about their familiarity with the recovery model and what would motivate them to adopt it.

Competition and Benefits

For each audience segment, the WSMTG identified the desired behavior, the competition, and possible benefits

(core product) for choosing the desired behavior (see Table 1).

Marketing Mix

The 4-year social marketing plan included seven strategies, each addressing the four Ps of marketing.

Products. Core products were developed in response to feedback from each target audience. *Consumers* said they would be willing to share their personal stories of recovery if they knew it would help others. To overcome their fear of stigma and shyness toward public speaking, a consumer speaker's bureau provided training in public speaking,

peer support, and scheduling. *Providers* said they would be more likely to go to training on the recovery model and attend speaker's bureau events if they had advance notice. Some providers expressed skepticism that adopting a recovery approach would be more effective than what they were already doing. They said they would be more likely to adopt the recovery model if they had evidence that the model works that they could share with their colleagues and administrators. The core product was feeling more successful in their work. The actual product was attending training. The augmented products were increased availability and timeliness of recovery training through the creation of an online statewide training calendar and a series of three documents that compiled recovery evidence from the perspective of three key groups: consumers, providers, and administrators.

Price. The price that each audience would incur to engage in the behavior varied. For example, it cost consumers and providers time and travel expenses to attend speaking engagements.

Place. Products were made available in convenient locations. Speaker's bureau events were scheduled regionally so that providers had opportunities close to home. Recovery evidence, the training schedule, and consumer and family resource guides were available online.

Promotion. Articles were placed in provider newsletters, posted messages on listservs, and presented sessions at conferences. Relative to the speakers' bureau, a news bureau attracted media coverage and the WSMTG provided media training as well as resources on how to responsibly report on mental illness.

Continuous Monitoring

A combination of process and outcome measures was used to monitor performance. For example, the consumer speakers' bureau evaluation included process measures such as number of speaking engagements, number of members trained, and number and type of educational materials distributed. Outcome measures were improvement in public speaking skills, increased speaker comfort level, improved speaker recovery, and reduction of prejudicial attitudes in audience as measured by pre- and postworkshop assessments.

CASE STUDY 2: YOU KNOW DIFFERENT

National Youth Advocacy Coalition (NYAC), the nation's largest advocacy organization for gay, lesbian, bisexual, transgendered, and questioning (GLBTQ) youth, received a grant from the Centers for Disease Control and Prevention to increase, by 100%, rates of HIV testing and test retrieval among African American GLBTQ youth aged 18 to 24 years.

NYAC worked with the social marketing firm Metropolitan Group to develop the campaign intervention "You Know Different." "You Know Different" has succeeded largely because of its absolute consumer orientation and deep engagement of the audience in creating the message and social marketing strategy.

► CONSUMER ORIENTATION

Secondary literature review showed that AIDS is the leading cause of death for people aged 15 to 49 years worldwide, and that more than half of new infections are among people younger than 25 years (NYAC, 2005). Barriers to testing among youth were identified as denial of risk, fear, stigma, misinformation, and adult-oriented educational materials (NYAC, 2005).

Furthermore, HIV disproportionately affects people of color—half of new infections in the United States are among African Americans; three of five people living with AIDS are people of color (Centers for Disease Control and Prevention, 2008). Additional barriers to testing exist in the African American GLBTQ community, where males are likely to be "closeted" and fear cultural rejection (NYAC, 2005).

Building on this knowledge, we conducted formative research, beginning with 10 focus groups with 90 young people in 3 regions. These confirmed the barriers identified in the literature and underscored the audience's sentiment that most HIV campaigns talked down to them or simply did not address them at all. Many campaigns used celebrities, who were dismissed as wholly lacking credibility and seemed to imply that young people were ignorant or unconcerned with HIV and AIDS.

We tested research-based messages in the groups, which became mini-laboratories for campaign

development. Participants hit the streets with digital cameras to record their world; several of the images they provided became the basis for the campaign creative, the environments they shared informed our place and promotion strategies, and the words they used to describe their feelings became the message frame for the campaign.

Our formative research also included research sessions with participating community-based partners, in which we explored their current outreach and testing programs, discussed their experience with culturally appropriate outreach to specific audiences, and gained their perspective on what was working in their own practices.

Segmentation

Based on research and the grant's focus, the campaign focused in the pilot phase on African American men aged 18 to 24 years who have sex with men, in three very different geographic regions: Washington, D.C.; Bronx, New York; and Florida (Duval, Palm Beach, Dade, and Glade counties). These locations were selected to meet the Centers for Disease Control and Prevention criteria and provide strong, community-based organizations.

Marketing Mix

Product. The actual product in this case was getting tested, with the core product being taking charge and demonstrating responsibility, a core value among the audience. Through the focus groups, "You Know Different" emerged as the theme, playing on strong values of self-determination and self-respect—values that were perceived to be missing from other outreach efforts.

NYAC altered the augmented (tangible) product of the HIV test by identifying a rapid test that gave results more quickly. They also trained community organizations to provide culturally appropriate testing to be more welcoming to youth of color.

Price. The obvious price of not being tested is the risk of HIV and AIDS. For this audience, however, the more relevant price was risking judgment and shame from a health care system that seemed to exclude them. The exchange was to ask youth to give the time and effort to come into a clinic and to trust that they would be

treated with respect; for this they would gain information and medical care if needed, and show that they had been wrongly judged.

The competition for the desired exchange was uninhibited sexual activity and the bliss of ignorance. Focus groups participants said that they knew they could be at risk; finding out for certain carried a high price of stigma and being forced to change their behavior.

Place. Knowing that finding a convenient testing location was a barrier. NYAC partnered with community-based organizations in high-impact locations and ensured that the test was administered there. The campaign also focused on reaching the audience where they were, as detailed below.

Promotion. After careful consideration, mass media was eliminated as a strategy for two reasons: (a) The target audience did not trust it, far preferring to receive information from friends and through social networks and (b) campaign partners needed low-cost, grassroots strategies, and tools they could customize and reproduce easily.

As a result, the promotion strategy used grassroots networks to leverage authenticity and create a sense of belonging. Community partners received posters to customize with information about testing locations and display throughout the community. Perhaps the most successful collateral tool was a set of palmcards that carried the campaign imagery and key messages, and could be passed out at social clubs and other gatherings. Peer educators and volunteers from the community organizations blanketed their stomping grounds—clubs, balls, Chelsea Piers in New York, and so forth—with these cards, whose graphic and message resonated with the target audience.

Community partners were provided stickers, PSA (public service announcement) scripts and tips to secure radio air time, and web ribbons to link with the campaign website and generate viral buzz. Community partners received a complete campaign implementation training to conduct outreach, seek promotional partners, and use print and online tools.

Evaluation and Continuous Monitoring

Evaluation provides compelling evidence that a focused, thoughtfully designed social marketing

program that mobilizes the creativity and resources of youth can motivate youth at risk to consider, seek, and undergo HIV counseling and testing. In the pilot phase, testing increased more than 300%, and service delivery partners increased their capacity to provide culturally appropriate testing services. Results continue to be very strong, and the campaign has undergone several new evolutions to reach additional audience segments.

Specifically, in the pilot evaluation results show that

- Participating organizations experienced a 153% increase in HIV testing among the target populations.
- Nearly 90% of youth surveyed said that the campaign had an impact on their decision to seek an HIV test.
- Calls, walk-in visits, and HIV tests all increased significantly over baseline during the 2 weeks of the campaign itself.
- A total of 72% of participating organizations reported successfully using peer outreach during the campaign. In many cases, the sponsoring agency became “youth identified” and “safe” because of participation in the campaign.

CONCLUSION

Applying a social marketing framework to the development of a behavior change program can be very effective. These six key features reviewed here convey that social marketing is not solely about communication but about providing solutions and making it easy, convenient, and rewarding to engage in the desired behavior. The two successful case studies show that social marketing principles can be applied to a wide variety of topics among various population groups.

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