Utilizing Existing Resources to Support Health Communication Campaigns – A Marketing Resource Directory

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EXECUTIVE SUMMARY

Capstone Project (Comprehensive Resource Directory)

Utilizing Existing Resources to Support Health Communication Campaigns – A Marketing Resource Directory

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MPH Candidate – Spring 2013
EXECUTIVE SUMMARY

Capstone Project
Utilizing Existing Resources to Support Health Communication Campaigns – A Marketing Resource Directory

Background
Resource directories provide an organized compilation of information and resources focusing upon various topics. The Marketing Collateral Database was designed as a gateway to the Division of Community Health’s Community Health Media Center, which is an online repository of ads and collateral materials produced by CDC, grantees, and partner organizations around various chronic health conditions. Most but not all marketing materials stored within the Marketing Collateral Database are available via the Community Health Media Center (CHMC), as some media ads do not meet the CHMC’s ad evaluation criteria including; being market tested, should not contain localized or geographically limiting elements throughout the ad, and verification of any statistics referenced in the ad. These criteria are examined by the CHMC advisory steering committee which is made up of public health subject matter experts from various divisions within CDC.

Project Purpose
As a health communication focused resource directory, the Marketing Collateral Database further promotes the sharing of best practices, audience research, and communication materials, allowing end-users extensive cost-savings by working around production and market-tested advertising related expenses to produce television, radio,
print, web advertising, social media, and other marketing materials related to chronic disease prevention and health promotion.

Project Description

The Marketing Collateral Database will provide community health organizations throughout the United States with an inventory of shared media ads, videos, and other marketing materials that have been collected from CDC grantees within the Centers for Disease Control and Prevention’s Division of Community Health (DCH). These materials will enable community health organizations to produce affordable high quality health marketing campaigns. Resources within this database will focus on the following topic areas:

1. Obesity
2. Tobacco Control
3. Active Living and Healthy Eating
Health communication focuses upon communication and marketing strategies that help to inform and influence decisions that impact health. Communication resource directories provide an organized compilation of information and marketing resources focusing upon various health topics. Utilizing resources such as the Marketing Collateral Database is extremely valuable, and public health organizations can save time by having materials stored in a central location contributing to time and additional costs savings, as a traditional media ad can costs upwards of $20,000 to $100,000 or more to produce and market, while repurposing an ad available through the Marketing Collateral Database or similar resources can cost as little as $300.
Background/Review of Literature

Health communication is best defined as "the study and usage of communication strategies to inform and influence individual decisions that enhance health" (Bernhardt, 2004). The Centers for Disease Control and Prevention combines traditional health communication methodologies with social marketing to further their efforts to bring about social change by shifting people's attitudes, external structures, and/or to modify or work to eliminate certain negative behaviors. Successful health marketing campaigns oftentimes draw upon what is recognized as the four P’s (National Cancer Institute, 2002).

- **PRODUCT** - represents the desired behavior you are promoting, and the associated benefits that support behavior change.

- **PRICE** - is the cost (financial, emotional, psychological, or time-related) of overcoming the barriers associated with specific behavioral changes.

- **PLACE** – associated with access to the products and services promoted via the health campaign, or a target audience that would benefit from the health messaging promoted via the health campaign.

- **PROMOTION** - communication messages, materials, and activities that will effectively reach the target audiences for various health marketing campaigns.
For example: One of the videos included in Appendix C is “Move Your Body”, performed by Beyonce Knowles for the Let’s Move! Campaign. Using this resource as a practical example of the Four P’s would translate as followed:

- **Product**: The actual video itself as a resource
- **Price**: Could refer to both the production related expenses associated with developing the video, as well as the time commitment for users associated with performing the fitness routine
- **Place**: In this case we could say the target audience is the “PLACE”. The target audience is adolescents
- **Promotion**: In terms of messaging this video promotes staying active and eating healthy nutritious meals

The field of health communication is essential to public health (Ramil & Lapinski, 2009). It focuses upon nearly every aspect of health and wellness, including disease prevention and health promotion. As such, health communication was for the first time included as a strategy with a dedicated chapter in the Healthy People 2010 objectives. According to Ramil and Lapinski, 2009, well planned communication strategies are key to successful health communication initiatives. They also highlight several essential components of the communication process which include the; source, channel, receiver, and message.

- **Source**
  - The message developer
- **Channel**
  - Medium by which the messages are delivered/transmitted
- **Receiver**
  - Target audience
- **Message**
Information and content, or what the source wants the receiver to understand

Ramil and Lapinski, 2009, also highlight the importance of three intervention considerations:

1. Communication interventions rely upon information that is received and processed through an individual's perceived social norms.
2. Discrepancies between both incoming and outgoing messages can arise due to differences in interpretation by receivers in decoding information.
3. The process of communication is “dynamic”. The role of “sources” and “receivers” is constantly shifting.

Focusing Upon Health Behavior

Emerging evidence suggests an association between health status and behavior (Hornik, 2002). Therefore, health messages are oftentimes tailored to address specific health behaviors that could lead to desired or positive health outcomes (i.e. healthy eating and physical activity), with an understanding that marketing/advertising within the media reflects both positive and negative health behaviors (Hinyard et al., 2007). Rimer, et al. (2006) conducted a study on the effects of tailored health communication strategies. Tailored health communication or THC provides a mixed method of behavior change and information strategies to influence a very specific target audience or individual. THC is perhaps most valuable in health marketing/advertising during the initial message development stages of the campaign by informing which specific health messages would be of optimal value for individuals at various stages of the behavioral pathway of behavior change.
The *Social Cognitive Theory* further supports the idea that modeling positive health behaviors could impact or encourage the emulation of those desired health behaviors (Bandura, 1998). Bandura’s examination of the socio-cognitive causal structure poses that individuals have limited reasoning for altering negative health behaviors when they are lacking the awareness as to how their lifestyle choices will impact their health. A recent study providing an analysis of health communication campaigns and their impact on behavior found that the success of health communication campaigns can be improved through a more targeted approach in which campaigns explicitly state behavior change as one of their major strategic communication objectives. This also serves as a guide in message development and strategy planning (Snyder, 2007).

**Chronic Disease Prevention and Health Promotion**

According to a study released in 2012 by the Institute of Medicine (IOM), the current childhood obesity epidemic in the United States presents a major challenge for public health and calls for accelerated progress. Schools in particular are believed to play a vital role in managing and reducing childhood obesity. School-based obesity prevention strategies present optimal potential for impact, as most students consume more than half of their daily caloric intake throughout the school day. The report goes on to mention that most schools fail to meet daily physical activity recommendations. Current physical activity recommendations are at least sixty minutes per day. Presently, four percent of elementary schools, eight percent of middle schools, and two percent of high schools meet daily physical activity recommendations. Despite increasing evidence and recommendations for healthy eating and good nutrition, many schools continue to offer
unhealthy foods and beverages that are high in fat and excess sugars. Health messaging targeting adolescents in particular could be beneficial.

Data from a study conducted by researchers at the National Institute of Health demonstrates that school-based obesity prevention strategies could help to reduce childhood obesity in the United States. However, their data also reveals that school-based nutrition policy interventions such as healthy vending guidelines could be overshadowed by individual behaviors within households. Snack foods from school vending machines represented only 1.3 percent of total daily calories, while home snacks represented 69.1 percent of total daily calories (Han et al., 2010). School-based health promotion videos and resources created in support of the Let’s Move! Initiative encourages adolescents and their parents to stay active and commit to eating healthy nutritious meals.

The 2011 School Health Guidelines Report developed by the Centers for Disease Control and Prevention highlights Healthy People 2020 objectives for healthy eating and physical activity standards within school settings. Their rationale is based upon the tremendous amount of time kids spend within school settings each day. They assert that school-based obesity prevention strategies provide an effective means for delivering opportunities for students to both learn and practice healthy behaviors, such as eating nutritious foods and participating in adequate levels of daily physical activity (CDC School Health Guidelines, 2011). The report also draws upon data obtain from the CDC School Health Policies and Practice Study (SHPPS), which is a national survey that evaluates school health policies and practices related to physical activity and nutrition. This study also evaluates gaps in resources, such as whether or not
schools have qualified personnel to monitor, coordinate, and ensure that current school health guidelines are met. The results of the most recent SHPPS indicate that less than 4 percent of elementary schools, 8 percent of middle schools, and 2 percent of high schools provided daily physical activity of 150 minutes per week in elementary schools and 225 minutes per week in middle schools and high schools. These targets are less than current recommendations of 60 minutes of daily physical activity at all levels (CDC School Health Guidelines, 2011). This survey also found that 33 percent of elementary schools, 71 percent of middle schools, and 89 percent of high schools had vending machines or similar opportunities in which students could purchase snacks and beverages. Of the snacks and beverages purchased, high-fat/salty snacks were most often selected (SSPPS, 2006). The need for developing large scale health communication initiatives to adequately advance health messaging associated with healthy behavioral habits proven to prevent and reduce chronic diseases such as obesity/childhood obesity can be extremely costly. It is therefore necessary to utilize existing media and marketing resources whenever possible. Focusing upon adolescents themselves as a target audience for media and marketing resources could help to empower the youth to act as promoters for healthier food options within their schools and demonstrate/model feasible ways to get regular physical activity.

Strategies for Effective Health Communication Campaigns
(National Cancer Institute, 2002)

- Clearly defined campaign objective
- Identify target audience
- Message testing
• Utilize a strategic communication plan to more effectively execute the health communication objective

Advertising is one of many methods of influence utilized by health communicators. This communication method or channel is most often executed via paid or public service ad placements to promote awareness and increase support for a particular set of health messages.

Utilizes Existing Resources

Health communication initiatives that incorporate production and market-tested advertising related expenses to produce television, radio, print, web advertising can take up a significant portion of a health marketing budget. Many community health organizations such as community health departments lack the necessary resources to implement large-scale health communication initiatives; therefore it is necessary to utilize creative methods for cost-savings by working with partner organizations to develop materials and to repurpose existing resources developed by other institutions focusing upon similar health topics.

Project Objectives

As a health communication focused resource directory, the Marketing Collateral Database further promotes the sharing of best practices, audience research, and communication materials, allowing end-users extensive cost-savings by working around production and market-tested advertising related expenses to produce television, radio, print, web advertising, social media, and other marketing materials related to chronic disease prevention and health promotion. Advertising materials within the database
were developed by state and local health departments, nonprofit organizations, and federal agencies to expand awareness around obesity, other chronic conditions and to promote positive health behaviors.

**Project Description**

The *Marketing Collateral Database* will provide community health organizations throughout the United States with an inventory of shared media ads, videos, and other marketing materials that have been collected from CDC grantees within the Centers for Disease Control and Prevention’s Division of Community Health (DCH). These materials will enable community health organizations to produce affordable high quality health marketing campaigns. Resources within this database will focus on the following topic areas:

- Healthy Eating and Active Living
- Obesity Prevention
- Tobacco Control

The *Marketing Collateral Database* was initially designed to serve as a gateway to the Division of Community Health’s *Community Health Media Center (CHMC)*. Most but not all marketing materials stored within the *Marketing Collateral Database* are available via the *Community Health Media Center (CHMC)*, as some media ads and marketing materials stored within the *Marketing Collateral Database* do not meet the CHMC’s ad evaluation criteria. Media materials that are included within the CHMC must meet the following selection criteria including; being market tested, should not contain localized or geographically limiting elements throughout the ad, and verification of any statistics referenced in the ad. These criteria are examined by the CHMC advisory steering
committee which is made up of public health subject matter experts from various divisions within CDC. Their charge is further defined via an internal CDC document.

During the monthly steering committee meetings, voting members of the committee discuss 3 – 5 media ads that each of the members reviews prior to the meeting, and evaluates the content of the material against the previously stated selection criteria. While the Media Collateral Database and CHMC were developed simultaneously, in the future it could be helpful to store all incoming ads within the database and pull from this source for subsequent steering committee voting panel meetings.

Similarities and Differences (Marketing Collateral Database & CHMC)

MARKETING COLLATERAL DATABASE

- Microsoft Access Database
- Currently limited to internal CDC staff
- Proposed grantee privileges could allow the sharing of ideas and best practices without associated costs; however users would not be able to purchase the rights to use the materials directly

CHMC

- Live/interactive web database
- Available for government organizations, NGOs, local health departments, and other nonprofit organizations.
- CHMC users are required to sign a user agreement stating their specific intended usage of the materials available within the database and agree to incur related costs and fees such as talent, photographer, shipping, duplicating, and music fees.

As a more robust online database, the CHMC houses a larger variety of marketing materials such as:
• Radio and television commercials,
• Print, outdoor, and web ads and banners,
• Promotional campaign materials: press kits, brochures, talking points, and flyers

Ads and materials within the Marketing Collateral Database that are available through the CHMC allows users to view materials to gather ideas for their own marketing campaigns, in addition to submitting requests for costs quotes to purchase the rights to repurpose the materials.

The Marketing Collateral Database is currently limited to only internal CDC staff, however the CHMC is live on the web and available for government organizations, NGOs, local health departments, and other nonprofit organizations to utilize stored marketing materials for their own health communication campaigns. CHMC users are required to sign a user agreement stating their specific intended usage of the materials available within the datable and agree to incur related costs and fees such as talent, photographer, shipping, duplicating, and music fees. For profit organizations are restricted from using materials outside of those that were directly produced by CDC.

Repurposing ads and materials available within the *Marketing Collateral Database* and the CHMC is simple and cost effective, however organizations who wish to make adjustments to images and language content must receive prior approval from the original production agency or organization and it will be up to the originator of the materials to approve or disapprove the request. Tagging the name of a specific organization is typically acceptable, but must be requested with CHMC administrators.
Project Planning and Development

PLANNING

The Marketing Collateral Database was designed as a proposed gateway to the Community Health Media Center (CHMC)

- CHMC is an online database that provides users with the opportunity to purchase the rights to use existing marketing and media materials developed by grantees, governmental organizations, and partner organizations.

Some but not all inventoried materials within the Marketing Collateral Database are currently available via the Community Health Media Center (CHMC).

- Several inventoried marketing materials within the Marketing Collateral Database are pending review by the CHMC steering committee. On average, this committee reviews 3-5 ads per month in consideration for inclusion in the CHMC.
- Some media ads and marketing materials stored within the Marketing Collateral Database do not meet the CHMC’s ad evaluation criteria and will not be submitted for further consideration.

DEVELOPMENT

- The Marketing Collateral Database was built using Microsoft Access 2010 and Microsoft Excel software.
- Materials collected from DCH grantees were first sorted by category (Obesity, Active Living & Healthy Eating, and Tobacco Cessation) before being logged into an excel spreadsheet then subsequently exported into the Microsoft Access Database (Marketing Collateral Database).

Current Stats

Marketing Collateral Database specific:

- Currently 75+ marketing materials stored within the Media Collateral Database.
CHMC specific:

- 80 registered subscribers of which 20 are community health organizations
- 161 Media/Marketing Materials Available
  - Of which 32 are Television Ads
- Over 7000 page views since launching in July 2012

Conclusion

Emerging evidence demonstrates the value of targeted communication strategies with an identified audience and a strategic communication objective such as behavior change. While there is value in promoting health messaging around desired health behaviors, information alone cannot address or reduce recognized barriers to health such as access to quality affordable food, health services, and regular physical activity. Many community health organizations lack the necessary resources to carry out large-scale health communication campaigns designed to target specific health behaviors to reduce chronic disease; however leveraging existing resources through partnerships and repurposing existing communication materials such as those available through the Community Health Media Center could help to reduce these disparities. Another advantage of utilizing resources such as the Marketing Collateral Database and the CHMC is that public health organizations can save time by having materials stored in a central location contributing to time and additional costs savings, as a traditional media ad can costs upwards of $20,000 to $100,000 or more to produce and market, while repurposing an ad available through the Marketing Collateral Database or CHMC can cost as little as $300.
Future Directions

The *Marketing Collateral Database* is still a work in progress. The Division of Community Health (DCH) has not yet established a confirmed project completion date.

Recommendations

- Resources such as the Collateral Materials Database can be used to provide technical assistance to grantees (e.g., “x” community is looking for materials created for “x” topic).

- This type of resource is useful for internal staff, partner organizations, and grantees.

- The Collateral Material Database and similar resources can be used as a gateway for larger databases such as the CHMC.

Proposed Process

In the future it could be helpful to store all incoming ads within the Marketing Collateral Database and pull from this source for subsequent steering committee voting panel meetings. In addition, the CHMC Steering Committee should receive 2-3 weeks in advance, 3-5 marketing/media items from the Marketing Collateral Database for review and approval at upcoming steering committee meetings. All suggested additions should meet the CHMC established selection criteria:

- Market tested,
- Does not contain localized or geographically limiting elements,
- Verification of all referenced statistics
References


Centers for Disease Control and Prevention. (2011). School Health Guidelines to Promote Healthy Eating and Physical Activity. *MMWR, 60*(RR05); 1-71


Centers for Disease Control and Prevention. (2011). School Health Guidelines to Promote Healthy Eating and Physical Activity. *MMWR, 60*(RR05); 1-71


Appendix A

Marketing Collateral Database
### MARKETING COLLATERAL DATABASE & CHMC

#### Marketing Collateral Database
- Microsoft Access Database
- Currently limited to internal CDC staff
- Proposed grantee privileges could allow the sharing of ideas and best practices without associated costs; however, users would not be able to purchase the rights to use the materials directly

#### Community Health Media Center
- Live/interactive web database
- Available for government organizations, NGOs, local health departments, and other nonprofit organizations
- CMHC users are required to sign a user agreement stating their specific intended usage of the materials available within the database and agree to incur related costs and fees such as talent, photographer, shipping, duplicating, and music fees.

### SIMILARITIES AND DIFFERENCES
Appendix C

Examples of Media Stored Within the Database

OBESITY

This multimedia clip focuses on the health risks associated with having excess sugar within one’s diet. Links are provided to viewers to obtain additional information about these risks such as higher rates for overweight and obesity. There are also tips on healthier alternatives, such as water.
This video was created by Los Angeles County Department of Public Health. Dr. Jonathan E. Fielding discusses the issues of chronic disease, particularly obesity within Los Angeles County as a result of increased access to unhealthy foods. Their mission is to create healthier environments in which individuals can make healthier lifestyle choices.
This ad is a 30sec PSA encouraging adolescents to get more physical activity. Parents are also encouraged to ensure that their children are getting at least 60 minutes of physical activity each day and are eating healthy/nutritious meals. It was created in support of the Let’s Move! Campaign.
This video was also created in support of the Let’s Move! Campaign. The mission of this campaign is to reduce childhood obesity. Beyonce Knowles performs “Move Your Body” and encourages adolescents and adults to get up and dance as a way to get regular daily physical activity.
This poster was created in support of “Get Healthy Philly” in partnership with the Department of Health and Human Services. It addresses smoking cessation, and the negative health consequences associated with second-hand smoke.
*Just Breathe* is a health communication campaign led by the Alabama Department of Public Health and the Department of Health and Human Services. This campaign includes print/newspaper, television, and radio ads focusing upon the negative health consequences associated with second-hand smoke, particularly in indoor public places.
Appendix D

Sample Media Evaluation Form

Voting Member (Name):

Producing Organization: ________________________________________

Media Category: __________________________________________

Check all that apply:

  o Material has been market tested
  o Material does not contain localized or geographically limiting elements
  o All statistics referenced within the ad have been sufficiently verified for accuracy

Would you recommend this ad for inclusion within the “x” database/resource center?

  o Yes
  o No